

RECORDATION FORM COVER SHEET PATENTS ONLY

Docket No.: 3774.1026-000

To the Director of the U.S. Patent and Trademark Office. Please record the attached documents or the new address(es) below

<p>1. Name of conveying party(ies)/Execution Date(s) ALLERGAN, INC. /12-20-2005 / / / /</p> <p>Additional name(s) of conveying party(ies) attached? [] Yes [X] No</p>	<p>2. Name and address of receiving party(ies) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA Name: <u>PENNSYLVANIA</u> Internal Address: _____ Street Address: <u>3160 CHESTNUT STREET</u> <u>SUITE 200</u> City: <u>PHILADELPHIA</u> State: <u>PENNSYLVANIA</u> Country: <u>USA</u> Zip: <u>19104</u></p> <p>Additional name(s) & address(es) attached? [XX] Yes [] No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other CORRECTIVE COVER SHEET TO ADD OMITTED SECOND RECEIVING PARTY (SEE ATTACHED PG. 2)</p> <p>REEL NO: 017275 FRAME NO: 0374-0376</p>	

<p>4. Application number(s) or patent number(s). A. Patent Application No (s)</p>	<p><input type="checkbox"/> This document is being filed together with a new application B. Patent No.(s) <u>6,313,168 B1</u></p> <p>Additional numbers attached? [] Yes [X] No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>MARY K. MURRAY, ESQ</u> Internal Address: _____ <u>HAMILTON, BROOK, SMITH & REYNOLDS, P.C.</u> Street Address: <u>530 VIRGINIA ROAD, P O BOX 9133</u> City: <u>CONCORD</u> State: <u>MA</u> Zip: <u>01742-9133</u> Phone No. <u>978-341-0036</u> Fax No. <u>978-341-0136</u> Email Address: <u>MARY.MURRAY@HBSR.COM</u></p>	<p>6. Total number of applications and patents involved: [1]</p> <p>7. Total Fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u></p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorization to charge deposit account number 08-0380 <input type="checkbox"/> Previously submitted - Doc. ID No. [] <input checked="" type="checkbox"/> Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380</p> <p>Do not attach a copy of this page if paying by deposit account and filing via facsimile Attach a copy of this page if paying by deposit account and filing via mail.</p>
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<p>8. <u>MARY K MURRAY</u> Name of Person Signing</p>	<p><i>Mary K. Murray</i> Signature</p>	<p><u>March 21, 2006</u> Date</p>
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Total number of pages including cover sheet, attachments, and documents: [5]

CH \$40.00 080380 6313168

**RECORDATION FORM COVER SHEET-PAGE 2
PATENTS ONLY**

Docket No.: 3774.1026-000

CONTINUATION OF BOX 2:

Name: ALLERGAN, INC.

Street Address: 2525 DUPONT DRIVE

City: IRVINE

State: CALIFORNIA

Country: USA Zip: 92612

U212212000
700245682

USPTO Form PTO-510 (REV. 10/16/2005) (Mandatory) 007479.1

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ALLERGAN, INC. /12-20-2005
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 /
 /
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Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
 Name: PENNSYLVANIA
 Internal Address: _____
 Street Address: 3160 CHESTNUT STREET
SUITE 200
 City: PHILADELPHIA
 State: PENNSYLVANIA
 Country: USA Zip: 19104
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or patent number(s):
 A. Patent Application No (s)
 B. Patent No (s)
 Additional numbers attached? Yes No

This document is being filed together with a new application.
 B. Patent No (s)
6,313,168

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: MARY K. MURRAY, ESQ.
 Internal Address: _____
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 Street Address: 530 VIRGINIA ROAD, P.O. BOX 9133
 City: CONCORD State: MA Zip: 01742-9133
 Phone No. 978-341-0036 Fax No. 978-341-0136
 Email Address: MARY.MURRAY@HBSR.COM

6. Total number of applications and patents involved: 1

7. Total Fee (37 CFR 1.21(h) & 3.41) \$ 40.00
 Enclosed
 Authorization to charge deposit account number 08-0380
 Previously submitted - Doc. ID No. []
 Authorized to charge any deficiencies or credit any overpayment to deposit account number 08-0380
 Do not attach a copy of this page if paying by deposit account and filing via facsimile.
 Attach a copy of this page if paying by deposit account and filing via mail.

8. MARY K. MURRAY
 Name of Person Signing

Mary Murray February 22, 2006
 Signature Date

Total number of pages including cover sheet, attachments, and documents: 1 3

ASSIGNMENT OF INTEREST

This Assignment of Interest is made this December 20, 2005 from Allergan, Inc., a Delaware Corporation having a place of business at 2525 Dupont Drive, Irvine, CA 92612 ("Assignor") to The Trustees of the University of Pennsylvania, having an address at 3160 Chestnut Street, Suite 200, Philadelphia, PA 19104 (the "University").

WHEREAS, United States Patent Applications Serial Number 09/464,344 and 09/552,823 ("the Applications") concern inventions conceived by co-inventors Dr. Roshantha Chandrarama, then an employee of Allergan, and Dr. Maurizio Pacifici, then an employee of the University (collectively the "Inventors"), and

WHEREAS, each of the Inventors assigned their interest in each of the Applications to Allergan via written assignment documents ("Assignments") which were then duly recorded at the United States Patent and Trademark Office, and,

WHEREAS, Allergan now desires to assign to the University all right and interest in each of the applications and any patents, reissues, reexaminations, continuations, continuations in part or divisionals thereof, as would, but for his execution of the Assignments, have remained vested in Dr. Pacifici.

NOW THEREFORE,

- 1. For good and valuable consideration, whose receipt is hereby acknowledged, Allergan hereby grants to the University all right, title and interest in each of United States Patent Applications Serial Number 09/464,344 and 09/552,823 and of any patents (including U.S. Patent No. 6,313,168), reissues, reexaminations, continuations (excluding continuations in part), divisionals or foreign counterparts thereof claiming priority thereto, as would, but for his execution of the Assignments, have remained vested in Dr. Pacifici pursuant to 35 U.S.C. § 261, first paragraph.
- 2. This Assignment of Interest shall not be construed in any manner to implicitly or expressly operate as a license, assignment or other transfer of any of Allergan's right, title or interest in that portion of United States Patent Applications Serial Number 09/464,344 and 09/552,823, and of any patents (including U.S. Patent No. 6,313,168), reissues, reexaminations, continuations (excluding continuations in part) divisionals, extensions or foreign counterparts thereof claiming priority thereto, as would, but for his execution of the Assignments, have remained vested in Dr. Chandrarama pursuant to 35 U.S.C. § 261, first paragraph.

In testimony whereof, Allergan has caused this assignment to be signed by its duly authorized officer this 20th day of December, 2005

Allergan, Inc

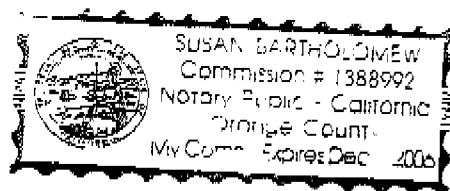
By Martin A. Voel
Title Assistant Secretary

IN WITNESS WHEREOF, I/we have hereunto set hand and seal this

December 20, 2005 2005
State of California
County of Orange

On 12-20-05 before me, Susan Bartholomew personally appeared Martin A. Voel personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person, or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,
Susan Bartholomew



Acknowledged by The Trustees of the University of Pennsylvania

By *John S. Zawad*

Title: John S. Zawad Ph.D.
Managing Director

CERTIFICATE of NOTARY PUBLIC

Commonwealth of Pennsylvania

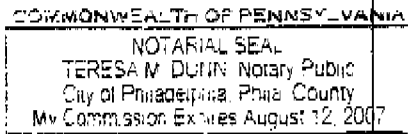
County of *Philadelphia*

I, *Teresa M. Durin*, the undersigned notary public, hereby certify that on the *2* day of *February*, 20*06*, the above-listed card bearer appeared before me and presented valid, unexpired identification document (ID). I further certify that I physically examined the ID presented, that the ID appeared to be genuine, and that the individual appearing before me and presenting the ID appeared to be the individual represented on the ID.

In witness whereof, I have hereunto set my hand and seal.

Teresa M. Durin
Notary Public Printed Name

Teresa M. Durin
Notary Public Signature



Rubber Stamp Seal (required)