

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Daqing Che	06/10/2008
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Apotex Pharmachem Inc.
<b>Street Address:</b>	34 Spalding Drive
<b>City:</b>	Brantford
<b>State/Country:</b>	CANADA
<b>Postal Code:</b>	N3T 6B8
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	12059321
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(905)771-6420
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	(905) 771-6414
<b>Email:</b>	kim@ivormhughes.com
<b>Correspondent Name:</b>	Marcelo K. Sarkis
<b>Address Line 1:</b>	175 Commerce Valley Dr. West, Suite 200
<b>Address Line 4:</b>	Thornhill, CANADA L3T 7P6
<b>ATTORNEY DOCKET NUMBER:</b>	PT2206000
<b>NAME OF SUBMITTER:</b>	Marcelo K. Sarkis
<b>Total Attachments: 5</b> source=Transmittal - Assignment of Daqing Che#page1.tif source=Transmittal - Assignment of Daqing Che#page2.tif source=Transmittal - Assignment of Daqing Che#page3.tif source=Transmittal - Assignment of Daqing Che#page4.tif source=Transmittal - Assignment of Daqing Che#page5.tif	

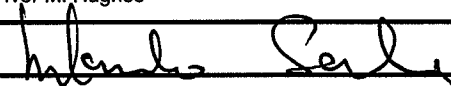
CH \$40.00 12059321

**PATENT**

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<b>TRANSMITTAL FORM</b>	Application Number	12/059,321
	Filing Date	03/31/2008
	First Named Inventor	Peter Garth Blazecka
	Art Unit	1624
	Examiner Name	
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	5	Attorney Docket Number PT2206000

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Recordation Form Cover Sheet Assignment		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td>The attached Assignment has been signed by Daqing Che. At the time the application was filed, an Assignment signed by all other inventors was filed.</td> </tr> </table>			Remarks	The attached Assignment has been signed by Daqing Che. At the time the application was filed, an Assignment signed by all other inventors was filed.
Remarks	The attached Assignment has been signed by Daqing Che. At the time the application was filed, an Assignment signed by all other inventors was filed.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ivor M. Hughes		
Signature			
Printed name	Marcelo K. Sarkis		
Date	June 20, 2008	Reg. No.	37015

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<b>Complete if Known</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	12/059,321	
		Filing Date		
		First Named Inventor	Peter Garth Blazeczka	
		Examiner Name		
		Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)	40.00	Attorney Docket No.	PT2206000

**METHOD OF PAYMENT** (check all that apply)

Check  
  Credit Card  
  Money Order  
  None  
  Other (please identify): \_\_\_\_\_

Deposit Account  
 Deposit Account Number: 08-3255  
 Deposit Account Name: Ivor M. Hughes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  
  Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

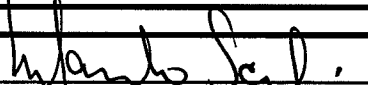
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x _____ = _____	_____

**4. OTHER FEE(S)**

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Assignment</u>	40.00

<b>SUBMITTED BY</b>		
Signature		Registration No. (Attorney/Agent) 37,015
Name (Print/Type)	Marcelo K. Sarkis	Telephone (905) 771-6414
		Date June 20, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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### RECORDATION FORM COVER SHEET PATENTS ONLY

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

**1. Name of conveying party(ies)**

Peter Garth Blazecka, Daqing Che, Cameron L. McPhail,  
Allan W. Rey

Additional name(s) of conveying party(ies) attached?  Yes  No

**2. Name and address of receiving party(ies)**

Name: Apotex Pharmachem Inc.

Internal Address: \_\_\_\_\_

Street Address: 34 Spalding Drive

City: Brantford

State: ON

Country: Canada Zip: N3T 6B8

Additional name(s) & address(es) attached?  Yes  No

**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) June 10, 2008

- Assignment  Merger
- Security Agreement  Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other \_\_\_\_\_

**4. Application or patent number(s):**

This document is being filed together with a new application.

A. Patent Application No.(s)  
12/059,321

B. Patent No.(s)

Additional numbers attached?  Yes  No

**5. Name and address to whom correspondence concerning document should be mailed:**

Name: Ivor M. Hughes

Internal Address: \_\_\_\_\_

Street Address: 175 Commerce Valley Drive West

Suite 200

City: Thornhill

State: ON, Canada Zip: L3T 7P6

Phone Number: (905) 771-6414

Fax Number: (905) 771-6420

Email Address: mail@ivormhughes.com

**6. Total number of applications and patents involved: 1****7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

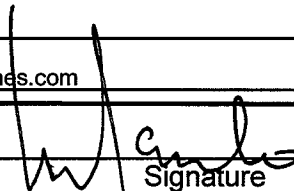
**8. Payment Information**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 08-3255

Authorized User Name Ivor M. Hughes

**9. Signature:**

  
Signature

June 20, 2008  
Date

Marcelo K. Sarkis (Reg. #37,015)  
Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

**ASSIGNMENT**

We,

**Peter Garth Blazecka**, whose full post office address is 8 Ashgrove Avenue, Brantford, Ontario, N3R 6E2, Canada;

**Daqing Che**, whose full post office address is 99 Waisha Road, Jiaojiang, Taizhou City, Zhejiang province, China, Post Code: 318000;

**Cameron L. McPhail**, whose full post office address is 10 Dorchester Avenue, Brantford, Ontario, N3R 5G4, Canada;

**Allan W. Rey**, whose full post office address is 23 Black Locust Way, Brantford, Ontario, N3R 7C7, Canada;

in consideration of One Dollar, and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby sell and assign to

**APOTEX PHARMACHEM INC.**, whose full post office address is 34 Spalding Drive, Brantford, Ontario, N3T 6B8, Canada.

all the right, title and interest in Canada, United States and Worldwide in and to our invention relating to **A SALT FORM AND COCRYSTALS OF ADEFOVIR DIPIVOXIL AND PROCESSES FOR PREPARATION THEREOF**, as fully described and claimed in our application for a patent for such invention and all supplementary, continuation, divisional and reissue applications thereof and to all our corresponding right, title and interest in and to any patent which may issue therefor and any and all reissues thereof.

And we, on behalf of ourselves and our heirs, executors, representatives and administrators, hereby covenant and agree to do all such lawful acts and things and to execute without further consideration such further lawful assignments, documents, assurances, applications, and other instruments as may reasonably be required by said assignee, our successors, assigns or legal representatives, to obtain any and all Letters Patent of Canada, United States and Worldwide for said invention and vest the same in said assignee, our successors, assigns or legal representatives.

SIGNED at the City of Brantford, County of Brant, this \_\_\_\_\_ day of March, 2008.

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
**Peter Garth Blazecka**

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
**Cameron L. McPhail**

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
**Allan W. Rey**

**AFFIDAVIT**

I, \_\_\_\_\_, whose full post office address is \_\_\_\_\_, solemnly affirm

and declare:

That I was personally present and did see **Peter Garth Blazecka, Cameron L. McPhail and Allan W. Rey** who are personally known to me to be the persons named in the attached Assignment duly sign and execute the same.

\_\_\_\_\_  
Name:

AFFIRMED before me at the City of Brantford, County of Brant, this \_\_\_\_\_ day of March, 2008.

\_\_\_\_\_  
Commissioner or Notary

SIGNED at the City of Brantford, County of Brant, this 9<sup>th</sup> day of June, 2008.

WITNESS:

*Peter Blazecka*

*Daqing Che*  
Daqing Che

**AFFIDAVIT**

I, Pamtebotnhuis, whose full post office address is 58 Court Dr., Paris, Ontario Canada N3L 4C1, solemnly affirm and declare:

That I was personally present and did see **Daqing Che** who is personally known to me to be the person named in the attached Assignment duly sign and execute the same.

*Pamtebotnhuis*  
Name:

AFFIRMED before me at the City of Brantford, County of Brant, this 10<sup>th</sup> day of June, 2008.

*Micheline Rossi*  
Notary

Micheline Rossi, a Commissioner, etc., Province of Ontario, for Apotex Pharmachem Inc. Expires October 29, 2010.