

Form PTO-1595 (Rev. 01-09)
OMB No. 0651-0027 (exp. 02/28/2009)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

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)

KOS LIFE SCIENCES, INC

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

2. Name and address of receiving party(ies)

Name: KOS LIFE SCIENCES LLC

Internal Address: Patents & Trademarks

Dept. D0377/AP6A-1

Street Address: 100 Abbott Park Road

City: Abbott Park

State: IL

Country: USA Zip: 60064-6008

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

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

Execution Date(s)

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Joint Research Agreement
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☒ Other Re-Record, to correct Name and Address of Receiving Party R022343/P0445

4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

08/368,378, filed January 14, 1995
 08/814,974, filed March 6, 1997
 08/903,755, filed July 31, 1997
 08/926,423, filed October 31, 1997

B. Patent No.(s)

U.S. Patent No. 6,080,428
 U.S. Patent No. 6,129,930
 U.S. Patent No. 6,469,035
 U.S. Patent No. 6,406,715

Additional numbers attached? ☒ Yes ☐ No

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

Name: Paul D. Yasper

Internal Address: Patents & Trademarks

Dept. 0377/AP6A-1

Street Address: 100 Abbott Park Road

City: Abbott Park

State: IL Zip: 60064-6008

Phone Number: 1-847-935-5714

Fax Number: 1-847-938-2623

Email Address: _____

6. Total number of applications and patents involved: _____

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 320.00

- ☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 01-0025

Authorized User Name _____

9. Signature:

/Rachel A. Polster, Reg. 47,004/

Signature

Date

Rachel A. Polster

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 9

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 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

**ATTACHMENT FOR RECORDATION FORM COVER SHEET
PATENTS ONLY (Form PTO-1595)****1. Name of conveying party(ies):**

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No**2. Name and address of receiving party(ies)**

Name: _____

Internal Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Name and address of receiving party(ies)

Name: _____

Internal Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Additional name(s) & address(es) attached?

☐ Yes ☒ No**4. Application number(s) or patent number(s):**

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

08/962,027, filed October 31, 1997

08/962,422, filed October 31, 1997

08/962,424, filed October 31, 1997

09/470,603, filed December, 22, 1999

B. Patent No.(s)

U.S. Patent No. 6,818,229

U.S. Patent No. 6,676,967

U.S. Patent No. 6,746,691

U.S. Patent No. 7,011,848

Additional numbers attached?

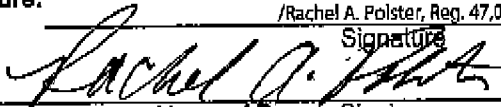
☐ Yes ☒ No

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OMB No. 0651-0027 (exp. 02/28/2009)

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United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

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1. Name of conveying party(ies) KOS LIFE SCIENCES, INC. KOS LIFE SCIENCE LLC Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Abbott Laboratories</u> Internal Address: <u>Patents & Trademarks</u> <u>Dept. D0377/AP6A-1</u> Street Address: <u>100 Abbott Park Road</u> <u>City: Abbott Park</u> <u>State: IL</u> <u>Country: USA</u> <u>Zip: 60064-6008</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>03/03/2009</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. <table style="width: 100%;"> <tr> <td style="width: 50%;"> A. Patent Application No.(s) 08/368,378, filed January 14, 1995 08/814,974, filed March 6, 1997 08/903,755, filed July 31, 1997 08/926,423, filed October 31, 1997 </td> <td style="width: 50%;"> B. Patent No.(s) U.S. Patent No. 6,080,428 U.S. Patent No. 6,129,930 U.S. Patent No. 6,469,035 U.S. Patent No. 6,406,715 </td> </tr> </table> Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A. Patent Application No.(s) 08/368,378, filed January 14, 1995 08/814,974, filed March 6, 1997 08/903,755, filed July 31, 1997 08/926,423, filed October 31, 1997	B. Patent No.(s) U.S. Patent No. 6,080,428 U.S. Patent No. 6,129,930 U.S. Patent No. 6,469,035 U.S. Patent No. 6,406,715
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5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Paul D. Yasger</u> Internal Address: <u>Patents & Trademarks</u> <u>Dept. 0377/AP6A-1</u> Street Address: <u>100 Abbott Park Road</u> <u>City: Abbott Park</u> <u>State: IL</u> <u>Zip: 60064-6008</u> Phone Number: <u>1-847-935-5714</u> Fax Number: <u>1-847-938-2623</u> Email Address: _____	6. Total number of applications and patents involved: _____ 7. Total fee (37 CFR 1.21(h) & 3.41) <u>\$320.00</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title) 8. Payment Information Deposit Account Number <u>01-0025</u> Authorized User Name _____		
9. Signature: _____ <u>/Rachel A. Polster, Reg. 47,004/</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Signature Name of Person Signing </div> <div style="text-align: center;"> <u>3/3/09</u> Date </div> </div> <div style="text-align: right; margin-top: 10px;"> Total number of pages including cover sheet, attachments, and documents: 7 </div>			

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

PATENT
REEL: 022354 FRAME: 0729

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "KOS LIFE SCIENCES, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "KOS LIFE SCIENCES, INC." TO "KOS LIFE SCIENCES LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2007, AT 6:15 O'CLOCK P.M.

3597977 8100V

070748614

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5791929

DATE: 06-26-07

PATENT
REEL: 022354 FRAME: 0730

Delaware

PAGE 2

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "KOS LIFE SCIENCES LLC" FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2007, AT 6:15 O'CLOCK P.M.



3597977 8100V

070748614

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5791929

DATE: 06-26-07

PATENT
REEL: 022354 FRAME: 0731

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:43 PM 06/25/2007
FILED 06:15 PM 06/25/2007
SRV 070748614 - 3597977 FILE

**CERTIFICATE OF CONVERSION
TO LIMITED LIABILITY COMPANY
OF**

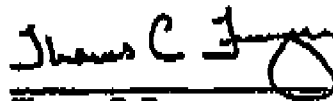
**KOS LIFE SCIENCES, INC.
(a Delaware Corporation)**

It is hereby certified that:

1. The name of corporation (the "Corporation") immediately prior to the filing of this Certificate of Conversion to a limited liability company is Kos Life Sciences, Inc.
2. The date of filing of the original certificate of incorporation of the Corporation with the Secretary of State of Delaware is December 6, 2002.
3. The name of the limited liability company into which the Corporation shall be converted is Kos Life Sciences LLC.
4. The conversion of the Corporation to a limited liability company has been approved in accordance with the provisions of Section 18-214 of the Limited Liability Company Act of the State of Delaware.

Dated: June 25, 2007

Kos Life Sciences, Inc.



Thomas C. Freyman
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:49 PM 06/23/2007
FILED 06:15 PM 06/23/2007
SRV 070745614 - 3597977 FILE

CERTIFICATE OF FORMATION**OF****KOS LIFE SCIENCES LLC**

The undersigned, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the Limited Liability Company Act of the State of Delaware, hereby certifies that:

1. The name of the limited liability company is Kos Life Sciences LLC.
2. The address of the registered office in the State of Delaware is 1209 Orange Street in the City of Wilmington, County of New Castle, 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Kos Life Sciences LLC this 23 day of June 2007.


Thomas C. Freyman
Authorized Person