PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
Alcon Surgical, Inc	12/15/1993

RECEIVING PARTY DATA

Name:	Alcon Laboratories, Inc.	
Street Address:	6201 South Freeway	
City:	FORT WORTH	
State/Country:	TEXAS	
Postal Code:	76134	

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	5160345

CORRESPONDENCE DATA

Fax Number: (817)551-4610

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 817-551-3066

Email: Patrick.Ryan@alconlabs.com

Correspondent Name: Patrick M. Ryan

Address Line 1: 6201 South Freeway

Address Line 2: IP Legal Mail Code TB4-8

Address Line 4: FORT WORTH, TEXAS 76134-2099

ATTORNEY DOCKET NUMBER: 1162A US

NAME OF SUBMITTER: Patrick M. Ryan

Total Attachments: 2

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PATENT REEL: 022529 FRAME: 0604 **- \$40.00 51603**4

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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)	2. Name and address of receiving party(ies)		
ALCON SURGICAL, INC.	Name: ALCON LABORATORIES, INC.		
	Internal Address: <u>IP Legal, TB4-8</u>		
Additional name(s) of conveying party(ies) attached? Yes X No			
3. Nature of conveyance/Execution Date(s):	Street Address: 6201 South Freeway		
Execution Date(s) 12/15/1993 Morgan			
Assignment Merger Security Agreement X Change of Name	City: Fort Worth		
☐ Joint Research Agreement	State: Texas		
Government Interest Assignment			
Executive Order 9424, Confirmatory License	Country: USA Zip: 76134		
Other	Additional name(s) & address(es) attached? Yes X No		
A. Patent Application No.(s) Additional numbers att			
5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 1		
Name: Patrick M. Ryan	7. Total fee (37 CFR 1.21(h) & 3.41) \$_40.00		
Internal Address: <u>IP Legal TB4-8</u>			
Street Address: 6201 South Freeway	Authorized to be charged to deposit account Enclosed None required (government interest not affecting title)		
City: Fort Worth	8. Payment Information		
State:Zip: <u></u>			
Phone Number: 817-551-3066	Denesit Assount Number orocas		
Fax Number:_817-551-4610	Deposit Account Number 010682		
Email Address: patrick.ryan@alconlabs.com	Authorized User Name Patrick M. Ryan		
9. Signature: /Patrick M. Ryan, Reg. No. 36,263/ Signature Date			
Patrick M. Ryan Name of Person Signing	Total number of pages including cover sheet, attachments, and documents:		

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: 022529 FRAME: 0605

State of Delaware

Office of the Secretary of State

I, WILLIAM T. QUILLEN, SERCRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALCON SURGICAL, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALCON LABORATORIES, INC.", THE FIFTEENTH DAY OF DECEMBER, A.D. 1993, AT 10:05 O'CLOCK A.M.

Millian I. J. (1)

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944012512 FD: 04/13/2009 PATEN-02-94
REEL: 022529 FRAME: 0606