## Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT

NATURE OF CONVEYANCE: ASSIGNMENT

### **CONVEYING PARTY DATA**

Name	Execution Date
Sarah Louise Thielman	01/08/2010
Paul Frank Diehl	12/18/2009

### **RECEIVING PARTY DATA**

Name:	The Procter & Gamble Company	
Street Address:	Attention: Chief Patent Counsel	
Internal Address:	One Procter & Gamble Plaza	
City:	CINCINNATI	
State/Country:	ОНЮ	
Postal Code:	45202	

#### PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	29346831

### **CORRESPONDENCE DATA**

Fax Number: (513)945-6868

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

Phone: 513-983-9450
Email: worsham.m@pg.com

Correspondent Name: The Procter & Gamble Company

Address Line 1: 299 East Sixth Street
Address Line 2: Central Docketing - 4th Floor

Address Line 4: Central Docketing - 4th Floor

Central Docketing - 4th Floor

Cincinnati, OHIO 45202

ATTORNEY DOCKET NUMBER:	D1580
NAME OF SUBMITTER:	Gary J. Foose

Total Attachments: 4

source=D1580\_ASSGNpdf#page1.tif

PATENT REEL: 023781 FRAME: 0565 29346831

CH \$40.00

501065230

source=D1580\_ASSGNpdf#page2.tif source=D1580\_ASSGNpdf#page3.tif source=D1580\_ASSGNpdf#page4.tif

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63)

Attorney Docket No.		
	D1580	
First Named Inventor	Sarah Louise Thielman, et al.	
COMPLE	TE IF KNOWN	
Application Number 29/346,831		
Filing Date	November 6, 2009	
Group Art Unit	Not yet assigned	
Examiner Name	Not yet assigned	
Confirmation Number	7073	

## I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>Package for Laundry Additive</u> and identified by Attorney Docket Number set forth herein.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application		Foreign Filing Date	Priority Not Claimed
Number(s)	Country	(MM/DD/YYYY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST IN	VENTOR:			
Given Name Sarah Louise		Family Name	Thielman	
(first and middle [if any])		Or Surname		
Inventor's Signature	thil -	,	Date   1   8   10	
Residence:   City Cincinnati	State OH	Country US	Citizen	ship US
Mailing Address: 1855 Walker Str	•			
City Cincinnati	State OH	ZIP (or Postal C	ode) 45202	Country US

Page 1 of 2

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. D1580

NAME OF SECOND INVENT	OR:					
Given Name Paul Frank		Family Nan	Family Name Diehl			
1		Or Surname	;			
Inventor's Signature			Date			
Residence:  City Brooklyn	State NY	Country US	US Citizenship US			
Mailing Address: 189 Sterling P	lace Apt# 16					
City Brooklyn	State NY	ZIP (or Posta	l Code) 112	38	Country US	
NAME OF THIRD INVENTO	R:					
Given Name		Family Nan	Family Name			
(first and middle [if any])		Or Surname	Or Surname			
Inventor's Signature			Date			
					w.u	
Residence:   City	State	Country	Country		Citizenship	
Mailing Address:						
City	State	ZIP (or Posta	l Code)		Country	
		-				
NAME OF FOURTH INVENT	OR:					
Given Name		•	Family Name			
		Or Surname	Or Surname			
Inventor's Signature			Date			
			ļ			
Residence: City	State	Country	Country Citizenship		nship	
Mailing Address:					,	
City	State	ZIP (or Postal	l Code)		Country	

Page 2 of 2

Rev. 5/09 (PTO updated 4/09)

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63)

Attorney Docket No.	
-	D1580
First Named Inventor	Sarah Louise Thielman, et al.
COMPL	ETE IF KNOWN
Application Number	29/346,831
Filing Date	November 6, 2009
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Confirmation Number	7073

## I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled Package for Laundry Additive and identified by Attorney Docket Number set forth herein.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application		Foreign Filing Date	Priority Not Claimed
Number(s)	Country	(MM/DD/YYYY)	-
			[]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST I	NVENTOR:		- M.	
Given Name Sarah Louise		Family Name	Thielman	
(first and middle [if any])		Or Surname		
Inventor's Signature			Date	
Residence:   City Cincinnati	State OH	Country US	Citize	enship US
Mailing Address: 1855 Walker S	Str.		· · ·	
City Cincinnati	State OH	ZIP (or Postal C	Code) 45202	Country US

Page 1 of 2

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. D1580

NAME OF SECOND INVENTO	)R:					
Given Name Paul Frank		Family Name Diehl				
(first and middle [if any])	Or Surname					
Inventor's Signature			Date 12/18/09			
Residence: City Brooklyn	State NY	Country US	US Citizenship US			
Mailing Address: 189 Sterling Place Apt# 16						
City Brooklyn	State NY	ZIP (or Postal Code) 11238 Country US			Country US	
NAME OF THIRD INVENTOR	<del> </del>					
Given Name		Family Name				
(first and middle [if any])		Or Surname				
Inventor's Signature			Date			
_						
Residence:   City	State	Country		Citizenship		
Mailing Address:						
City	State	ZIP (or Postal Code)			Country	
NAME OF FOURTH INVENTOR:						
Given Name		Family Name				
(first and middle [if any])		Or Surname				
Inventor's Signature		Date				
Residence: City	State	Country	Country		Citizenship	
Mailing Address:						
City	State	ZIP (or Postal Code)			Country	

Page 2 of 2

Rev. 5/09 (PTO updated 4/09)

**RECORDED: 01/14/2010**