

# PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
Name	Execution Date
Carolyn Mordas	06/30/2010
Robert J. Gambogi	06/30/2010
<b>RECEIVING PARTY DATA</b>	
Name:	McNeil-PPC, Inc.
Street Address:	199 Grandview Road
City:	Skillman
State/Country:	NEW JERSEY
Postal Code:	08858
<b>PROPERTY NUMBERS Total: 1</b>	
Property Type	Number
Application Number:	12827927
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ATTORNEY DOCKET NUMBER:	JDC5073USNP
NAME OF SUBMITTER:	Lisa Peters
<p>Total Attachments: 3</p> <p>source=jdc5073usnpAssignment#page1.tif</p> <p>source=jdc5073usnpAssignment#page2.tif</p>	

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**PATENT**  
**REEL: 024620 FRAME: 0120**



## ASSIGNMENT

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as an inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified below. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign, sell, and transfer unto McNEIL-PPC, INC., a limited liability company organized and existing under the laws of the State of New Jersey, having a place of business at SKILLMAN, NEW JERSEY, its successors and assigns, my entire interest in and the full exclusive right and title to the INVENTIONS, the APPLICATION and all related applications (including provisionals, divisions, reissues, continuations, substitutions, renewals and extensions thereof) and all counterparts in other countries and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to McNEIL-PPC, INC., its successors and assigns, as the assignee of my entire right, title and interest in and to the same. I agree that I will communicate to McNEIL-PPC, INC., or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all provisional, divisional, reissue, continuation, substitution, renewal and extension applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to McNEIL-PPC, INC.; make all rightful oaths; and generally do everything possible to aid McNEIL-PPC, INC., its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. The APPLICATION is identified herein.

Serial No. (if known) :  
Filing Date (if known) :  
Execution Date(s) of Application :

Title: NON-ALCOHOL BIOACTIVE ESSENTIAL OIL MOUTH RINSES

FULL NAME OF INVENTOR : Carolyn J. Mordas

Inventor's signature :

Residence :

Citizenship :

Post Office Address :

4 Hickory Hill Drive  
Ewing, New Jersey 08618

US

Same

Date: 30 June 2010

STATE OF New Jersey

COUNTY OF Middlesex

On 30 June 2010, the above-named inventors personally appeared before me and executed the foregoing instrument and acknowledged the same to be their free acts and deeds in and for the purpose set forth in said instrument.

(SEAL)

Victor F. Janas

Notary Public

My Commission Expires:

12/28/2010

**VICTOR F. JANAS**  
**NOTARY PUBLIC OF NEW JERSEY**  
Commission Expires 12/28/2010

FULL NAME OF INVENTOR : Robert J. Gambogi

Inventor's signature :

Residence :

Citizenship :

Post Office Address :

*Robert J. Gambogi*

Date:

*30 June 2010*

28 Matrick Court

Hillsborough, New Jersey 08844

US

Same

STATE OF New Jersey

COUNTY OF Middlesex

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(SEAL)

*Victor F. Janas*

Notary Public

My Commission Expires:

*12/28/2010*

**VICTOR F. JANAS**  
NOTARY PUBLIC OF NEW JERSEY  
Commission Expires 12/28/2010