

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Change of Address
CONVEYING PARTY DATA	
Name	Execution Date
ALIZE PHARMA SAS	10/26/2010
RECEIVING PARTY DATA	
Name:	ALIZE PHARMA SAS
Street Address:	15 CHEMIN DU SAQUIN
Internal Address:	ESPACE EUROPEEN
City:	ECULLY
State/Country:	FRANCE
Postal Code:	69130
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7825090
CORRESPONDENCE DATA	
Fax Number:	(617)526-5000
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Email:	stephanie.geis@wilmerhale.com
Correspondent Name:	Hollie Baker
Address Line 1:	60 State Street
Address Line 2:	WilmerHale
Address Line 4:	Boston, MASSACHUSETTS 02109
ATTORNEY DOCKET NUMBER:	290494.122US1
NAME OF SUBMITTER:	Stephanie Geis
Total Attachments: 1 source=ChangeAddress#page1.tif	

OP \$40.00 7825090

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)

ALIZÉ PHARMA SAS
13, Chemin de la Chonchance
69 110 Ste-Foy-lès-Lyon
France

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

2. Name and address of receiving party(ies)

Name: ALIZÉ PHARMA SAS

Internal Address: _____

Street Address: 15 Chemin du Saquin, Espace Européen

City: Écully

State: _____

Country: France Zip: 69130

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

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

Execution Date(s) October 26, 2010

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

4. Application or patent number(s):

A. Patent Application No.(s)

This document is being filed together with a new application.

B. Patent No.(s)

7,825,090

Additional numbers attached? Yes No

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

Name: WilmerHale LLP

Internal Address: Hollie Baker

Street Address: 60 State Street

City: Boston

State: Massachusetts

Zip: 02109

Phone Number: 617-526-6000

Fax Number: 617-526-5000

Email Address: _____

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 to deposit account
 Enclosed
 None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 08-0219

Authorized User Name Hollie L. Baker

9. Signature:

Hollie L. Baker
Signature

October 26, 2010

Date

Hollie L. Baker, Registration No. 31,321

Name of Person Signing

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

1

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