PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	

CONVEYING PARTY DATA

Name	Execution Date
Bradley Carson	07/18/2011
Mitchell Mosbacher	07/14/2011
Robert E. Napierala	07/25/2011

RECEIVING PARTY DATA

Name:	Omnicare Inc.
Street Address:	1600 RiverCenter II
Internal Address:	100 East RiverCenter Blvd.
City:	Covington
State/Country:	KENTUCKY
Postal Code:	41011

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	29397285

CORRESPONDENCE DATA

Fax Number: (513)241-6234

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

Phone: 5132412324

Email: wallen@whepatent.com Correspondent Name: Wood, Herron & Evans LLP

441 Vine Street Address Line 1: Suite 2700 Address Line 2:

Address Line 4: Cincinnati, OHIO 45202

ATTORNEY DOCKET NUMBER: OMNI-24DES

NAME OF SUBMITTER: William R. Allen

Total Attachments: 12

PATENT REEL: 026678 FRAME: 0641

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ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), <u>Bradley Carson</u>, <u>Mitchell Mosbacher and Robert E. Napierala II</u> have invented <u>MEDICATION PACKAGING</u> as fully disclosed in an application for Patent so entitled and filed by me (us) on <u>July 14, 2011</u> as Application Serial No. <u>29/397,285</u> preparatory to obtaining Letters Patent of the United States therefor. I hereby authorize and request any one of the attorneys of Wood, Herron & Evans, L.L.P., 441 Vine Street, 2700 Carew Tower, Cincinnati, Ohio 45202, to insert herein the application serial number of said application when known.

WHEREAS, OMNICARE INC., a corporation organized under the laws of the State of Delaware and having its principal office at 1600 RiverCenter II, 100 East RiverCenter Boulevard, Covington, KY 41011, desires to acquire the entire interest in and to the subject matter disclosed in said applications and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration of the sum of One Dollar (\$1.00) to me (each of us) in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I (we) have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said OMNICARE INC. my (our) entire right, title and interest in and to the subject matter disclosed in said applications and in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights and interests with priority rights under the Paris Convention for the Protection of Industrial Property, the International Patent Cooperative Union, European Patent Convention, Common Market Convention, or any other Convention or Union for each country of said Convention or Union; and I (we) do hereby authorize and request the Commissioner of Patents to issue the Letters Patent granted on said applications and all future patents granted upon the subject matter disclosed therein to the above-named Assignee, its legal representatives and assigns.

[Inventor Signature Page(s) Follows]

Page 1 of 4

Full Name			
of First Inventor:	Carson	Bradley	
	Last Name	First Name	Middle Name
	Signature Signature		The Coll
Post Office			
Address:	2909 Pembroke Road	Ottawa Hills, OH	43606
	Post Office Address	City, State or County	Zip Code
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(SEAL)			iic, State of Ohio
•		My Commissio	n Expires 01-19-13

Full Name			
of Second Inventor:	Mosbacher	Mitchell	
	Last Name	First Name	Middle Name
	Signature		Date
Post Office			
Address:	6646 Echo Valley	Maumee, OH	43537
	Post Office Address	City, State or County	Zip Code
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Page 3 of 4

Full Name			
of Third Inventor:	Napierala	Robert	E
	Last Name	First Name	Middle Name
	Signature		Date
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Address:	3644 Fairwood Dr.	Sylvania, OH	43560-3908
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Page 4 of 4

Attorney Docket No. OMNI-24DES

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invented MEDICATION PACKAGING as fully disclosed in an application for Patent so

entitled and filed by me (us) on July 14, 2011 as Application Serial No. 29/397,285 preparatory to

obtaining Letters Patent of the United States therefor. I hereby authorize and request any one of

the attorneys of Wood, Herron & Evans, L.L.P., 441 Vine Street, 2700 Carew Tower, Cincinnati,

Ohio 45202, to insert herein the application serial number of said application when known.

WHEREAS, OMNICARE INC., a corporation organized under the laws of the State of

Delaware and having its principal office at 1600 RiverCenter II, 100 East RiverCenter Boulevard.

Covington, KY 41011, desires to acquire the entire interest in and to the subject matter disclosed in

said applications and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration

of the sum of One Dollar (\$1.00) to me (each of us) in hand paid, and other good and valuable

consideration, the receipt of which is hereby acknowledged, I (we) have sold, assigned and

transferred, and by these presents do sell, assign and transfer unto the said OMNICARE INC. my

(our) entire right, title and interest in and to the subject matter disclosed in said applications and in

and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights

and interests with priority rights under the Paris Convention for the Protection of Industrial Property,

the International Patent Cooperative Union, European Patent Convention, Common Market

Convention, or any other Convention or Union for each country of said Convention or Union; and I

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[Inventor Signature Page(s) Follows]

Page 1 of 4

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of First Inventor:	Carson	Bradley	·
	Last Name	First Name	Middle Name
	Signature		Date
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Full Name			
of Second Inventor:	Mosbacher	Mitchell	
	Last Name	First Name	Middle Name
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Nota My Commi	DEBRAA CAIG ry Public, State of Ohio ssion Expires Oct., 11, 2015	Notary Public	7 agr

Full Name			
of Third Inventor:	Napierala	Robert	<u>E.</u>
	Last Name	First Name	Middle Name
	Signature		Date
Post Office			
Address:	3644 Fairwood Dr.	Sylvania, OH	<u>43560-3908</u>
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Page 2 of 4

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Full Name			
of Third Inventor:	Napierala	Robert	E
Robert S.N	Last Name	First Name	Middle Name 7-25-//
Post Office	Signature		Date
Address:	3644 Fairwood Dr.	Sylvania, OH	43560-3908
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