

Form PTO-1595 (Rev. 09/04)
OMB No. 0851-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

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)/Execution Date(s):

IVAX RESEARCH, LLC

Execution Date(s): May 16, 2008

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

3. Nature of Conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other

2. Name and address of receiving party(ies)

TEVA GLOBAL RESPIRATORY
RESEARCH, LLC

Name: _____

Internal Address: _____

Street Address: _____

425 PRIVET RD.

City: HORSHAM

State: PENNSYLVANIA

Country: USA Zip: 19044

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

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)

5,980,865 7,056,898

6,193,957

6,235,725

Additional numbers attached? ☐ Yes ☒ No

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

Name: Shawn P. Foley
LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP

Internal Address: Atty. Dkt.: TEVBNP 9.0-002

Street Address: 600 South Avenue West

City: Westfield

State: NJ Zip: 07090

Phone Number: 908-654-5000

Fax Number: (908) 654-7866

Email Address: ataylor@ldlkm.com

6. Total number of applications and patents involved:

4

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 160.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 12-1095

Authorized User Name Shawn P. Foley

9. Signature:

Shawn P. Foley
Signature

October 21, 2011

Date

Shawn P. Foley - 33,071

Name of Person Signing

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

5

CH \$160.00 121095 5980865

PATENT 320497, 1 doc

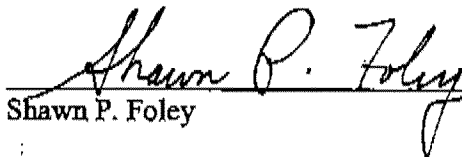
700473751

REEL: 027113 FRAME: 0125

TEVBNP 9.0-002

TO WHOM IT MAY CONCERN:

This will certify that I, Shawn P. Foley, do hereby attest that the attached copy of the certified copy of the Articles of Amendment issued by the Secretary of State of Florida concerning the name change of IVAX Research, LLC to Teva Global Respiratory Research, LLC, is a true copy of the original.

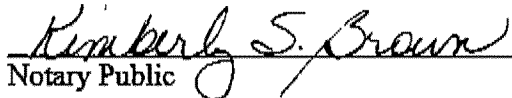

Shawn P. Foley

UNITED STATES OF AMERICA)

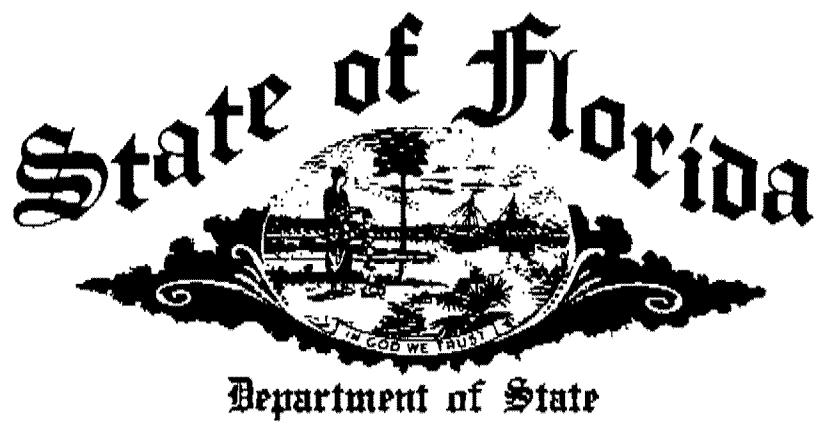
STATE OF NEW JERSEY) SS:

COUNTY OF UNION)

On this 15 day of April, 2011 before me personally appeared,
Shawn P. Foley, to me known and known to me to be the individual described in and who executed
the foregoing instrument, and who thereupon acknowledged to me that he executed the same for the
purposes therein set forth.


Notary Public

Kimberly S. Brown
Notary Public of New Jersey
My Commission Expires August 1, 2015



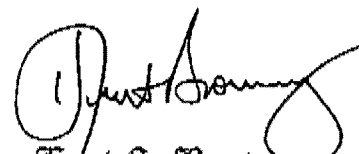
I certify the attached is a true and correct copy of Articles of Amendment, filed on May 19, 2008, to the Articles of Organization for IVAX RESEARCH, LLC which changed its name to TEVA GLOBAL RESPIRATORY RESEARCH, LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L06000122193.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-fourth day of March, 2011



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IVAX Research, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
08 MAY 19 PM 1:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/27/06 and assigned
Florida document number L08000122193

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Teva Global Respiratory Research, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated May 16 2008

Mr. E. J. ...
Signature of a member or authorized representative of a member

Sr. Vice President

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00