

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Roche Colorado Corporation	09/01/2011
RECEIVING PARTY DATA	
Name:	Corden Pharma Colorado, Inc.
Street Address:	2075 North 55th Street
City:	Boulder
State/Country:	COLORADO
Postal Code:	80301-2880
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12288934
CORRESPONDENCE DATA	
Fax Number:	(303)607-3600
Phone:	303 607 3500
Email:	aurora.lowell@faegrebd.com
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Roberta Jean Hanson
Address Line 1:	Faegre Baker Daniels LLP
Address Line 2:	1700 Lincoln Street, Suite 3200
Address Line 4:	Denver, COLORADO 80203
ATTORNEY DOCKET NUMBER:	401510
NAME OF SUBMITTER:	Roberta Jean Hanson
Total Attachments: 2 source=401510 Corden Pharma Name Change#page1.tif source=401510 Corden Pharma Name Change#page2.tif	

OP \$40.00 12288934

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**Statement of Change Changing Information Other Than Principal Office Address
or Registered Agent Information**

filed pursuant to §7-90-305.5 and, if applicable, §7-90-804 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871054032

1. Entity name: Roche Colorado Corporation

2. True name:
(if different from the entity name) _____

Complete lines 3 - 9 as applicable. You must complete section 10.

3. Document number: 19981038772
(required for change(s) to 4, 5, 6, 7
and/or 8 below)

4. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):

New entity name: Corden Pharma Colorado, Inc.

5. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):

New true name: _____

6. Change of jurisdiction of formation of record (foreign entity only):

New jurisdiction of formation: _____

7. Change of entity form of record (foreign entity only):

New entity form: _____

8. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box ☐ and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box ☐ and include an attachment stating each addition or deletion.

9. (Optional) Delayed effective date:

(mm/dd/yyyy)

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10. The true name and mailing address of the individual causing this document to be delivered for filing are

Mack	RoxAnn	- D.	
(Last)	(First)	(Middle)	(Suffix)
Faegre & Benson LLP			
(Street number and name or Post Office Box information)			
1470 Walnut Street, Suite 300			
Boulder	CO	80302	
(City)	(State)	(ZIP/Postal Code)	
	USA		
(Province - if applicable)	(Country)		

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