

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
Novo Nordisk FemCare A/G	06/17/2013
RECEIVING PARTY DATA	
Name:	Novo Nordisk FemCare A/G
Street Address:	Thurgauerstrasse 36-38
City:	Zurich
State/Country:	SWITZERLAND
Postal Code:	CH-8050
PROPERTY NUMBERS Total: 3	
Property Type	Number
Patent Number:	5860946
Patent Number:	7018992
Patent Number:	6325241
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Email:	nnipatent@novonordisk.com
Correspondent Name:	Novo Nordisk Inc.
Address Line 1:	100 College Road West
Address Line 4:	Princeton, NEW JERSEY 08540
ATTORNEY DOCKET NUMBER:	4846.200-US; 5208.200-US
NAME OF SUBMITTER:	Csaba Attila Szakolczai
Signature:	/Csaba Attila Szakolczai/
Date:	06/17/2013

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Total Attachments: 4

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DOCUMENTATION NOT REQUIRED FOR CHANGE OF
ADDRESS

Old Address

Novo Nordisk FemCare A/G

Andreasstrasse 15

CH-8050 Zurich, Switzerland

New Address

Novo Nordisk FemCare A/G

Thurgauerstrasse 36-38

CH-8050 Zurich, Switzerland

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)

Novo Nordisk FemCare A/G

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

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

Execution Date(s) 06/17/2013

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

2. Name and address of receiving party(ies)

Name: Novo Nordisk FemCare A/G

Internal Address: _____

Street Address: Thurgauerstrasse 36-38

City: Zurich

State: _____

Country: Switzerland Zip: CH-8050

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

4. Application or patent number(s):

☐ This document serves as an Oath/Declaration (37 CFR 1.63).

A. Patent Application No.(s)

B. Patent No.(s)

5860946, 6325241, 7018992

Additional numbers attached? ☐ Yes ☒ No

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

Name: Novo Nordisk Inc.

Internal Address: _____

Street Address: Customer Number 23650

City: _____

State: _____ Zip: _____

Phone Number: _____

Docket Number: _____

Email Address: nnipatent@novonordisk.com

6. Total number of applications and patents involved: _____

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

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

8. Payment Information

Deposit Account Number 141447

Authorized User Name _____

9. Signature: /Csaba Attila Szakolczai/

June 17, 2013

Signature

Date

Csaba Attila Szakolczai

Name of Person Signing

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

2

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