PATENT ASSIGNMENT

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	SUBMISSION TYPE:		IEW ASSIGNMENT		
NATURE OF CONVEYANCE:		А	ASSIGNMENT		
CONVEYING PART	Y DATA				
		Nam	ie	Execution Date	
Pierre DUPINAY				07/22/2002	
Robert TORRES				07/24/2002	
Christine CAPON				07/24/2002	
RECEIVING PARTY	DATA				
Name:	Name: PIERRE FABRE MEDICAMENT				
Street Address:	45, place Abel	45, place Abel Gance			
City:	Boulogne-Billa				
State/Country:	FRANCE				
Postal Code:	92100				
Property Type Application Number:		10475778	Number		
Application Number: 10475					
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Fax Number: <i>Correspondence will</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4: ATTORNEY DOCKE NAME OF SUBMITT Signature:	70320580 <i>I be sent via US Ma</i> 70320580 christine. e: Birch, Ste 8110 Gat Falls Chu T NUMBER: ER:	ail when th 000 s.prucker(ewart, Kola rehouse R urch, VIRG 3 0 //r	@bskb.com, mailroom@bskb.com asch & Birch, LLP. oad, Suite 100E SINIA 22042 493-0122P 1aryAnne Armstrong naryanne armstrong/		

USA Patent Appln



ASSIGNMENT

in consideration of the sum of One Dollar (\$ 1.00) and other good and valuable consideration paid to each of the undersigned, to wit:

	(1) DUPINAY Pierre	(6)			
Insert Name(s)	(2) TORRES Robert	(7)			
of Inventor(s)	(3) CAPON Christine	(8)			
	(4)				
		(10)			
		of which are hereby acknowledged by the undersigned who at s), assign(s) and transfer(s) unto,			
Insert name of Assignee	gnee 1) PIERRE FABRE MEDICAMENT				
and address	1) 45, place Abel Gance 92100 BOULOGNE-BILLANCOURT / FRANCE				
Title of Invention	(hereinafter designated "ASSIGNEE") the entire right, title and interest for the United States of America as defined in 35 U.S.C. 100, in the invention known as <u>MEDICINAL TABLE WITH PROLONGED RELEASE</u> OF THE ACTIVE PRINCIPLE				
		or Letters Patent of the United States of America: by the undersigned on No.			
	and the undersigned hereby authorize(s) and request(s) the United States Commissioner of Patents and Trademark to issue said Letters Patent to the said ASSIGNEE, for its interest as ASSIGNEE, its successors, assigns and legal representatives; the undersigned agree(s) that the attorneys of record in said application shall hereafter act on behalf of said ASSIGNEE;				
	said ASSIGNEE, its succes remuneration, in and to ar thereof; and to testify and	d hereby agree(s) to transfer a like interest, upon request of the sors, assignes and legal representatives, and without further by and all divisions, continuations, substitutes, and reissues execute any papers for ASSIGNEE, its successors, assigns and ned essential by ASSIGNEE to ASSIGNEE's full protection and in hereby transferred.			
	Signed on the date(s) indicated beside my/our signature(s)				
INVENTOR(S) concurrently with appl 1)	ication	DATE SIGNED WITNESS(ES)			
Name DUPINA	Y Pierre 2	2 juillot 2.002 \$ /			
2) Name TORRES	Robert 2	2 juillot 2002 Ja 4 juillet 201			
 3) Name CAPON (4) RECORDED: 0 	Christine 2 06/18/2013	4 mult 2007 REEL: 030635 FRAME: 0429			