PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2939119

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
ROK STARIC	06/20/2014
MARKO OBLAK	07/07/2014
TANJA ROZMAN PETERKA	07/07/2014
VERONIKA DEBEVEC	06/30/2014

RECEIVING PARTY DATA

Name:	SANDOZ AG
Street Address:	LICHSTRASSE 35
City:	BASEL
State/Country:	SWITZERLAND
Postal Code:	4056

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	14194915

CORRESPONDENCE DATA

Fax Number: (865)523-4478

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 865-546-4305
Email: lluethke@luedeka.com
Correspondent Name: LUEDEKA NEELY GROUP, P.C.
Address Line 1: P O BOX 1871
Address Line 4: KNOXVILLE, TENNESSEE 37901

ATTORNEY DOCKET NUMBER:	69390.US
NAME OF SUBMITTER:	J. DAVID GONCE, ESQ.
SIGNATURE:	/J. David Gonce/
DATE SIGNED:	07/15/2014
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 5
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DECLARATION

As a below named inventor, I declare that this declaration is directed to the patent application entitled

Stable Quick Dissolving Dosage Form
Comprising Amoxicillin and Clavulanic Acid

having application serial number 14/194,915, filed on March 3, 2014 (the Application). The Application was made or authorized to be made by me. I believe that I am the original inventor or an original joint inventor of a claimed invention in the Application. I hereby acknowledge that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. I grant authority to any receiving intellectual property office to provide access to the Application to any other intellectual property office in which an application claiming priority to the Application is filed.

POWER OF ATTORNEY

I appoint the practitioners associated with the customer number, firm, and practitioner named below as my attorney to prosecute this Application and any other applications based thereon and to transact all business in connection therewith, including to make and receive payments, and request that all correspondence be directed to the customer number or addresses below:

Customer number:	08808--> Luedeka Neely Group, P.C.
Law Firm:	Luedeka Neely Group, P.C.
Attn:	J. David Gonce, Esq.
Mail:	PO Box 1871, Knoxville TN 37901 US
Email:	DGonce@luedeka.com
Attorney docket:	LNG Docket # 69390.US

I grant the above-referenced practitioners the power to insert on this document any further information that may be necessary or desirable to comply with the rules of any relevant governmental office for the recordation of this document.

This document ◉ does ○ does not include an assignment.

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby sell, assign, and transfer to:

Sandoz AG, Lichstrasse 35, 4056 Basel, Switzerland

and its successors, assigns, and legal representatives (collectively referred to as "Assignee"), the entire worldwide right, title and interest in and to any all inventions that are disclosed in the Application, and in and to the Application and all applications that have been or shall be filed based thereon; and in and to all rights of priority resulting from the filing of such applications. The Assignee may apply for and receive Letters Patent in its own name.

I will carry out in good faith the intent and propose of this assignment; execute all patent applications based on this Application; execute all needed documents; communicate to the Assignee all facts known to me relating to the invention and the history thereof; do whatever is necessary to secure and maintain patent protection for the invention and vest title to the invention and all applications and patents thereon in the Assignee. I have not made any assignment or other encumbrance or agreement affecting the rights and property herein conveyed, and I possess the full right to convey such rights and property.

I hereby authorize the attorneys named herein to accept and follow the instructions of the Assignee as to any action to be taken regarding this Application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to the Assignee.

SIGNATURE BLOCK FOR INVENTOR

Rok STARIC

Date

Witness signature

Witness name

Witness address

Inventor Residence: Zg. Duplje 39, 4203 Duplje, Slovenia
Inventor Mailing Address: Zg. Duplje 39, 4203 Duplje, Slovenia
Inventor Citizenship: Slovenia

SUBSTITUTE STATEMENT WHEN INVENTOR IS NOT AVAILABLE

The undersigned believes the above-named to be the original inventor or an original joint inventor of a claimed invention in the Application. The Application was made or authorized to be made by the undersigned on behalf of the above-named inventor. The undersigned hereby acknowledges that any willful false statement made in this declaration is punishable under 18 USC §1001 by fine or imprisonment of not more than five years, or both. The undersigned's relationship to the inventor to whom this substitute statement applies is:

- ☐ legal representative (for deceased or legally incapacitated inventor only),
- ☐ assignee,
- ☐ entity to which the inventor is under an obligation to assign,
- ☐ entity that otherwise has shown a sufficient proprietary interest in the matter (37 CFR 1.46 petition provided), or
- ☐ joint inventor.

This substitute statement is necessary because the above-named inventor:

- ○ is deceased,
- ○ is under legal incapacity,
- ○ cannot be found or reached after diligent effort, or
- ○ has refused to execute this declaration.

By

Date

Residence:
Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Marko OBLAK

Date: 7.7.2014

Witness signature

Witness name: TANJA ROŽMAN ROŽEJ 7.7.14

Witness address: TRUBARJEVA CESTA 1000 LJUBLJANA SLOVENIA

Inventor Residence: Bregarjeva 9, 1000 Ljubljana, Slovenia
Inventor Mailing Address: Bregarjeva 9, 1000 Ljubljana, Slovenia
Inventor Citizenship: Slovenia

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- ○ has refused to execute this declaration.

By _____ Date _____

Residence:
Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Tanja ROZMAN PETERKA	Witness signature	Witness address: BREGARJEVA 9, 1000 LJUBLJANA, SLOVENIA
7.7.2014	MARIO ČERNAC	
Date	7.7.2014	
	Witness name	

Inventor Residence: Tržaška 44, 1000 Ljubljana, Slovenia
Inventor Mailing Address: Tržaška 44, 1000 Ljubljana, Slovenia
Inventor Citizenship: Slovenia

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By _____ Date _____

Residence:
Mailing Address:

SIGNATURE BLOCK FOR INVENTOR

Veronika DEBEVEC

Witness signature

Witness address

Date

Witness name

Inventor Residence: Cesta Vrh 8A, 1355 Polhov Gradec, Slovenia
Inventor Mailing Address: Cesta Vrh 8A, 1355 Polhov Gradec, Slovenia
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By

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