

PATENT ASSIGNMENT COVER SHEET

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
ULRICH LOESER	12/15/2014
RECEIVING PARTY DATA	
Name:	KRAFT FOODS R&D, INC.
Street Address:	THREE PARKWAY NORTH
City:	DEERFIELD
State/Country:	ILLINOIS
Postal Code:	60015
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14400779
CORRESPONDENCE DATA	
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SIGNATURE:	/Jon A. Birmingham/
DATE SIGNED:	01/26/2015
Total Attachments: 2	
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CONFIRMATION OF OWNERSHIP

I, ULRICH LOESER, of Munich, Germany, for good and valuable consideration, receipt of which is hereby acknowledged, confirm that KRAFT FOODS R&D, INC., having a place of business in Deerfield, Illinois, was the owner as of the time of my invention of all of my right, title and interest in and to all subject matter invented by me and disclosed in United Kingdom Patent Application No. 1209662.4, filed May 30, 2012, and in and to all patent applications, patents, and convention and treaty rights of all kinds, including the right to claim priority (such priority was claimed for International (PCT) Application No. PCT/EP2013/060607, filed May 23, 2013, and U.S. Patent Application No. 14/400,779, filed November 12, 2014), and all rights in and to any continuation, continuation-in-part, and divisional applications from said applications and patents, and any reissue or re-examination as to any patents issuing therefrom, in all countries throughout the world, for all such subject matter described therein, including all rights of action and rights to recover damages for past infringements. In the event that I presently own any portion of said rights, title or interest, I hereby assign them to KRAFT FOODS R&D, INC., its successors, assigns and legal representatives.

December 15, 2014

Ulrich Loeser
Ulrich Loeser

Executed in my presence on this 15 day of December, 2014
by the aforementioned individual known to me to be the person named in this assignment.

[Signature]
First Witness (Signature)

RALF SONNITAG
First Witness Name (Typed or Printed)

[Signature]
Second Witness (Signature)

INA SCHOPPE
Second Witness Name (Typed or Printed)