

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT3210120

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
GILEAD SCIENCES, INC.	11/21/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	GILEAD PHARMASSET LLC
<b>Street Address:</b>	C/O GILEAD SCIENCES, INC.
<b>Internal Address:</b>	333 LAKESIDE DRIVE
<b>City:</b>	FOSTER CITY
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	94404
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14541057
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(650)522-5575
<i>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.</i>	
<b>Phone:</b>	6505743000
<b>Email:</b>	sylvia.brennan@gilead.com
<b>Correspondent Name:</b>	GILEAD SCIENCES, INC.
<b>Address Line 1:</b>	333 LAKESIDE DRIVE
<b>Address Line 4:</b>	FOSTER CITY, CALIFORNIA 94404
<b>ATTORNEY DOCKET NUMBER:</b>	887.PC4
<b>NAME OF SUBMITTER:</b>	BRIAN C. REMY
<b>SIGNATURE:</b>	/Brian C. Remy, Reg. No. 48,176/
<b>DATE SIGNED:</b>	02/03/2015
<b>Total Attachments: 6</b>	
source=887.PC4 GSI to GP Assignment#page1.tif	
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## ASSIGNMENT

This ASSIGNMENT is made BETWEEN Gilead Sciences, Inc., of 333 Lakeside Drive, Foster City, California 94404, (hereinafter "Assignor") and Gilead Pharmasset LLC, a Limited Liability Company organized under and pursuant to the laws of Delaware having its principal place of business at c/o Gilead Sciences, Inc., 333 Lakeside Drive, Foster City, California 94404, (hereinafter referred to singly and collectively as "Assignee").

### WHEREAS

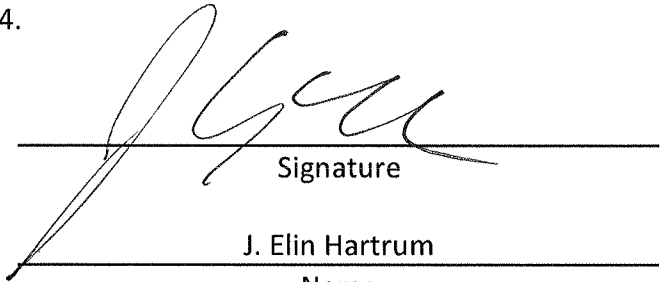
A) The ASSIGNOR was the legal owner of the Patents or Patent Applications, as well as the inventions set forth therein, in the United States and all foreign countries, listed in Exhibit A.

B) The ASSIGNEE was desirous of acquiring the full and exclusive right, title and interest in and to said Patents or Patent Applications, as well as the inventions set forth therein, in the United States and all foreign countries, listed in Exhibit A.

IT IS HEREBY CONFIRMED that the ASSIGNOR assigned to the ASSIGNEE all its right, title and interest in and to said inventions for U.S. and all foreign countries, and in and to said Patents and Patent Applications listed in Exhibit A, including any and all priority applications, divisional, continuation, continuation-in-part, reissue or extensions thereof, to be held and enjoyed by Assignee for its own use as fully and entirely as the same would have been held and enjoyed by Assignor had this assignment not been made, by virtue of an agreement between ASSIGNOR and ASSIGNEE dated as of December 16, 2013 (the "GS-5885 & 5816 Assignment Agreement"). This ASSIGNMENT is merely confirmatory and made pursuant to the GS-5885 & 5816 Assignment Agreement.

**[Signature Pages Follow]**

Executed this 21 day of November, 2014.

  
\_\_\_\_\_  
Signature  
J. Elin Hartrum  
\_\_\_\_\_  
Name

Associate General Counsel,  
Intellectual Property

\_\_\_\_\_  
Title  
for

GILEAD SCIENCES, INC.  
333 Lakeside Drive  
Foster City, California 94404  
(ASSIGNOR)

State of California  
County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(date) (insert name and title of the officer)

personally appeared \_\_\_\_\_,  
(name(s) of signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Mateo

On November 21, 2014 before me, S. Brennan, Notary Public,  
(Here insert name and title of the officer)

personally appeared J. Elin Hartrum

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she they executed the same in his her their authorized capacity(ies), and that by his her their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

S Brennan

Signature of Notary Public

(Notary Seal)

## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/~~she~~/~~they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

### DESCRIPTION OF THE ATTACHED DOCUMENT

887 JP

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer

(Title)

- Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

Executed this 21 day of November, 2014.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
J. Elin Hartrum  
Name

\_\_\_\_\_  
Associate General Counsel,  
Intellectual Property  
Title

for  
GILEAD PHARMASSET LLC  
c/o Gilead Sciences, Inc.  
333 Lakeside Drive  
Foster City, California 94404  
(ASSIGNEE)

State of California  
County of \_\_\_\_\_)

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(date) (insert name and title of the officer)

personally appeared \_\_\_\_\_,  
(name(s) of signer(s))

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WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

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887-JP

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(Title or description of attached document continued)

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  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

**EXHIBIT A**

<b>Docket No.</b>	<b>Ref. No.</b>	<b>Appl. No.</b>	<b>Patent No.</b>	<b>Title</b>	<b>Country</b>
37JD-192813-US4	887.PC4	14/541,057		ANTIVIRAL COMPOUNDS	US