

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3916296

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
	Name	Execution Date
	MICHAEL A. GOODE	06/06/2016
RECEIVING PARTY DATA		
Name:	PFIZER INC.	
Street Address:	235 EAST 42ND STREET	
Internal Address:	LEGAL PATENT DEPT., CHIEF IP COUNSEL	
City:	NEW YORK	
State/Country:	NEW YORK	
Postal Code:	10017	
PROPERTY NUMBERS Total: 1		
	Property Type	Number
	Application Number:	29557199
CORRESPONDENCE DATA		
Fax Number:		
<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>		
Phone:	212-733-4403	
Email:	~ipgsmadisondocketing@pfizer.com	
Correspondent Name:	PFIZER INC.	
Address Line 1:	235 EAST 42ND STREET	
Address Line 2:	LEGAL PATENT DEPT., CHIEF IP COUNSEL	
Address Line 4:	NEW YORK, NEW YORK 10017	
ATTORNEY DOCKET NUMBER:	PC72288	
NAME OF SUBMITTER:	MAUREEN P. O'BRIEN	
SIGNATURE:	/Maureen P. O'Brien/	
DATE SIGNED:	06/14/2016	
Total Attachments: 3		
source=PC72288_Assignment#page1.tif		
source=PC72288_Assignment#page2.tif		
source=PC72288_Assignment#page3.tif		

ASSIGNMENT/CONFIRMATORY ASSIGNMENT

For valuable consideration, the receipt and adequacy of which is hereby acknowledged, I, Michael A. Goode, citizen of United States of America, resident of 3992 Maidens Road, Powhatan, Virginia 23139, United States of America; hereby sell, assign and transfer and/or confirm the sale, assignment and transfer unto Pfizer Inc., a corporation organized and existing under the laws of the State of Delaware, and having its principal place of business at 235 East 42nd Street, New York, New York 10017, United States of America, my entire right, title and interest in and to United States Nonprovisional Patent Application Serial No. 29/557,199, filed March 7, 2016, having PFIZER Docket No. PC72288, and entitled Oral Delivery Product Design; my entire right, title and interest, in all countries of the world, in and to all my inventions, whether joint or sole, disclosed in said Nonprovisional Patent Application; my entire right, title and interest in and to all patent applications filed for Letters Patent for any or all of said inventions; my entire right, title and interest in and to all Letters Patent granted on said patent applications; and the right to claim priority from said Nonprovisional Patent Application under the Paris Convention for the Protection of Industrial Property, and under any and all other such treaties and agreements to which the United States of America is a party and which afford similar priority-claiming privileges, in all countries of the world; and I hereby agree and/or confirm the agreement, whenever requested, to communicate to said Pfizer Inc. and its successors and assigns, any facts known to me respecting said inventions, to testify in any legal proceeding respecting said inventions, and to execute all applications or papers necessary to obtain and maintain proper patent protection on said inventions in all countries of the world.

Signed and witnessed this 06 day of June, 2016 at
(day) (month)

Richmond, Virginia.
(city) (state)

By: Michael A. Goode
Michael A. Goode

COMMONWEALTH OF VIRGINIA

COUNTY OF HENRICO

The foregoing instrument was acknowledged before me, Chi Y. Dzienny, this JUNE 06, 16
(date) by MICHAEL A. GOODE
(name of person acknowledged)

(Seal)



Chi Y. Dzienny
(Signature of Person Taking Acknowledgement)
(Title)

Notary's Registration Number: 7520251

Signed and witnessed this 13th day of JUNE, 2016 at
(day) (month)

Madison, NJ
(city) (state)

Pfizer Inc.

By:

Jeffrey M. Gold
Assistant General Counsel
Duly Authorized

CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey)
)ss
County of)
Morris,

On June 13, 2016 before me, Claire Brueno, Notary Public in and for
(Notary's Name)
said county, personally appeared Jeffrey Gold,
(Signer)

who has satisfactorily identified himself as the signer to the above-referenced document.

Notary Name

(Affix Notary Stamp Here)

My Commission Expires xx/xx/20xx

Claire Brueno 6/13/16
(Notary Signature) (Date)

CLAIRE BRUENO

Notary Public

New Jersey

My Commission Expires 4-11-2021

No. 2010245