

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6299648

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
DAVID HEFFRON	08/23/2007
RECEIVING PARTY DATA	
Name:	CARDINAL HEALTH 303, INC.
Street Address:	10221 WATERIDGE CIRCLE
City:	SAN DIEGO
State/Country:	CALIFORNIA
Postal Code:	92121
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17017504
CORRESPONDENCE DATA	
Fax Number:	(714)830-0700
<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:	7148300600
Email:	ocipdocketing@morganlewis.com, luz.gonzalez@morganlewis.com
Correspondent Name:	MORGAN, LEWIS & BOCKIUS LLP
Address Line 1:	600 ANTON BOULEVARD
Address Line 2:	SUITE 1800
Address Line 4:	COSTA MESA, CALIFORNIA 92626-7653
ATTORNEY DOCKET NUMBER:	122295-6760
NAME OF SUBMITTER:	BRAD A. WILSON
SIGNATURE:	/Brad A. Wilson/
DATE SIGNED:	09/14/2020
Total Attachments: 2	
source=122295-6760_Assignment_Heffron_to_Cardinal_Health#page1.tif	
source=122295-6760_Assignment_Heffron_to_Cardinal_Health#page2.tif	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

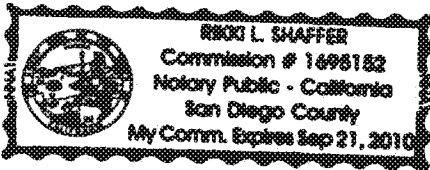
County of San Diego

On August 23, 2007 before me, Rikki L Shaffer, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared David Heffron
Name(s) of Signer(s)

personally known to me

(or 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.

WITNESS my hand and official seal.

Place Notary Seal Above

Rikki L Shaffer
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

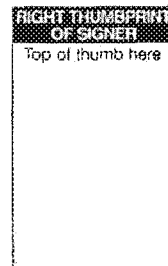
- Individual
- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer -- Title(s): _____
- Partner -- Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____