

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7829820

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
GORDON J. DOW	01/05/2019
RADHAKRISHNAN PILLAI	01/07/2019
VARSHA D. BHATT	01/07/2019
RECEIVING PARTY DATA	
Name:	VALEANT PHARMACEUTICALS NORTH AMERICA LLC
Street Address:	400 SOMERSET CORPORATE BOULEVARD
City:	BRIDGEWATER
State/Country:	NEW JERSEY
Postal Code:	08807
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17993817
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>	
Email:	slane@kilpatricktownsend.com
Correspondent Name:	KILPATRICK TOWNSEND & STOCKTON LLP
Address Line 1:	1100 PEACHTREE STREET NE
Address Line 2:	SUITE 2800
Address Line 4:	ATLANTA, GEORGIA 30309
ATTORNEY DOCKET NUMBER:	095920-004050US-1360641
NAME OF SUBMITTER:	SHARLEEN LANE
SIGNATURE:	/Sharleen Lane/
DATE SIGNED:	03/06/2023
Total Attachments: 6	
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PATENT

REEL: 062894 FRAME: 0145

ASSIGNMENT and DECLARATION OF INVENTORSHIP

Applicant:	Valeant Pharmaceuticals North America
First Named Inventor:	Gordon J. Dow
US Application No.:	15/173,961, Filed June 6, 2016
PCT Application No.:	PCT/US2016/035991, Filed June 6, 2016
Attorney Docket Nos.:	DOW-P05877US 99336.000207 and 99336.000208
TITLE: TOPICAL COMPOSITIONS AND METHODS FOR TREATING PSORIASIS	

FOR GOOD AND VALUABLE CONSIDERATION, we, the **JOINT INVENTORS** and **ASSIGNORS**:

Gordon J. Dow, a US citizen residing at:
40 Corte Amado, Greenbrae, CA, 94904

Radhakrishnan Pillai, a US citizen residing at:
5787 Owl Hill Avenue, Santa Rosa, CA, 95409

Varsha D. Bhatt, a citizen of India residing at
180 Mallorca Way, Apt. 104, San Francisco, CA, 94123

HEREBY ASSIGN to the ASSIGNEE: *A.D. 7/22/2019*

Valeant Pharmaceuticals North America LLC

~~Valeant Pharmaceuticals North America~~, an organization with a business mailing address at 400 Somerset Corporate Boulevard, Bridgewater, NJ, 08807

ALL RIGHT, TITLE, AND INTEREST WORLDWIDE in and to the invention described in the above-identified US patent application and PCT patent application, each entitled TOPICAL COMPOSITIONS AND METHODS FOR TREATING PSORIASIS, claiming priority to and benefit of US Provisional Application No. 62/181,481 filed June 18, 2015; and in and to said US patent application, said PCT application, and all applications that may be filed on said invention anywhere in the world, including any and all divisions, reissues, continuations, and extensions thereof and in and to any Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models, and all other forms of protection that may be granted thereon, including the right to file applications and the right to claim priority from the US application, the PCT

application, and the provisional application worldwide, and including the right to pursue and obtain any damages, recoveries, or remedies for past infringements of these protections.

ASSIGNORS covenant that no assignment, license, or encumbrance has been or will be made that would conflict with this Assignment.

ASSIGNORS request that all Letters Patents, Inventors' Certificates, Design Registrations, Industrial Models, Utility Models and all other forms of protection on said invention be issued to the ASSIGNEE, and **ASSIGNORS** agree to cooperate fully in obtaining and enforcing patent protection for said invention, including communicating any facts relating to said invention, signing lawful papers, and, at the request and expense of the ASSIGNEE, but without compensation, testifying in legal proceedings.

INVENTORS EACH HEREBY DECLARE:

The Declaration is directed to the above-identified application entitled

TOPICAL COMPOSITIONS AND METHODS FOR TREATING PSORIASIS.

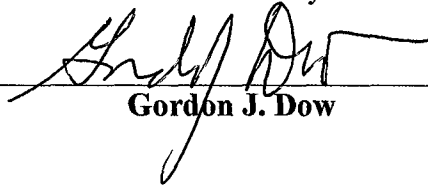
The referenced application was made or authorized to be made by me.

I believe I am 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 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

My mailing address is the same as my residence and is listed above below my name.

Dated: 5 JANUARY 2019


Gordon J. Dow

STATE OF _____)
COUNTY OF _____) ss

On the _____ day of _____ in the year 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared **Gordon J. Dow**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Seal

**See Attached Notary
Certificate**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

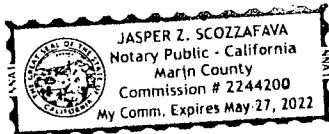
State of California)
County of MARIN)

On 2019-01-05 before me, JASPER Z SCOZZAFAVA, NOTARY PUBLIC,
Date Here Insert Name and Title of the Officer
personally appeared GORDON J Dow
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 _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended 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: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

INVENTORS EACH HEREBY DECLARE:

The Declaration is directed to the above-identified application entitled

TOPICAL COMPOSITIONS AND METHODS FOR TREATING PSORIASIS.

The referenced application was made or authorized to be made by me.

I believe I am 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 U.S.C. 1001 by fine or imprisonment of not more than five (5) years, or both.

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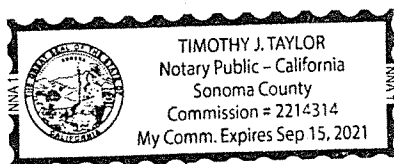
Dated: January 07, 2019 *R. Radhakrishnan Pillai*
Radhakrishnan Pillai

STATE OF CA)
COUNTY OF Sonoma) ss

On the 7th day of January in the year 20 19, before me, the undersigned, a Notary Public in and for said State, personally appeared **Radhakrishnan Pillai**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their capacity, and that by ~~his~~/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

[Signature]
Notary Public

Seal



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The Declaration is directed to the above-identified application entitled

TOPICAL COMPOSITIONS AND METHODS FOR TREATING PSORIASIS.

The referenced application was made or authorized to be made by me.

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My mailing address is the same as my residence and is listed above below my name.

Dated: 01/07/2019 Varsha D. Bhatt
Varsha D. Bhatt

STATE OF CA)
 COUNTY OF Sonoma) ss

On the 7th day of January in the year 2019, before me, the undersigned, a Notary Public in and for said State, personally appeared **Varsha D. Bhatt**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their capacity, and that by his/~~her~~/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Timothy J. Taylor
 Notary Public

Seal

