

05-08-2000

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OPR/FINANCE

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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment
		<input type="checkbox"/> Merger	Effective Date Month Day Year _____
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other _____	

Conveying Party Mark if additional names of conveying parties attached

Name HOFFMANN-LA ROCHE INC. Execution Date
Month Day Year
8 1 97

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization New Jersey

Receiving Party Mark if additional names of receiving parties attached

Name ICN PHARMACEUTICALS, INC.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 3300 Hyland Avenue

Address (line 2) _____

Address (line 3) Costa Mesa California 92626
City State/Country Zip Code

Individual General Partnership Limited Partnership Association

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

05/08/2000 DC0ATES 00000001 090015 293889

01 FC:481
02 FC:482
40.00 CH
75.00 CH

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002067 FRAME: 0249

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

714-545-0100

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

2

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

293889	421595	592950
899084	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

4

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

115

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

09-0015

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Bojan Cosic

Name of Person Signing

Signature

April 13, 2000

Date Signed

ASSIGNMENT OF UNITED STATES TRADEMARK

WHEREAS, HOFFMANN-LA ROCHE INC., a corporation organized and existing under the laws of the State of New Jersey, located at 340 Kingsland Street, Nutley, New Jersey (hereinafter Assignor), has adopted and is using in its business the trademarks listed on Schedule A; and

WHEREAS, ICN PHARMACEUTICALS, INC., a corporation organized and existing under the laws of the State of Delaware, having its principal place of business at ICN Plaza, 3300 Hyland Avenue, Costa Mesa, California 92626 (hereinafter Assignee) is desirous of acquiring the entire right, title and interest in and to said US trademarks together with that part of the goodwill of the Assignor's business pertaining thereto;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Assignor does hereby assign, effective as of the date of execution of this document unto the said Assignee, its successors and assigns all right, title and interest in and to said US trademarks, together with that part of the goodwill of the business symbolized by the said US trademarks;

This assignment includes the right to sue and recover for all infringements which shall have occurred prior to the effective date hereof.

HOFFMANN-LA ROCHE INC.

By



F. C. Kertz, III
Vice President and General Counsel

Date: _____

8/1/97

SCHEDULE A

<u>Trademark</u>	<u>Reg. No.</u>	<u>Registered</u>
PROSTIGMIN	293,889	May 10, 1932
PROSTIGMIN	421,595	June 4, 1946
MESTINON	592,950	July 27, 1954
ANCOBON	899,084	September 22, 1970

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