

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79068292</b>										
NATURE OF CONVEYANCE:	CHANGE OF NAME											
CONVEYING PARTY DATA												
<table border="1"><thead><tr><th>Name</th><th>Execution Date</th></tr></thead><tbody><tr><td>Unimed Pharmaceuticals, Inc.</td><td>07/23/2009</td></tr></tbody></table>			Name	Execution Date	Unimed Pharmaceuticals, Inc.	07/23/2009						
Name	Execution Date											
Unimed Pharmaceuticals, Inc.	07/23/2009											
RECEIVING PARTY DATA												
<table border="1"><tr><td>Name:</td><td>Unimed Pharmaceuticals LLC</td></tr><tr><td>Address:</td><td>901 Sawyer Road MARIETTA G A 30062</td></tr><tr><td>Country:</td><td>US</td></tr><tr><td>Entity Type:</td><td></td></tr><tr><td>Entity Country:</td><td>BX</td></tr></table>			Name:	Unimed Pharmaceuticals LLC	Address:	901 Sawyer Road MARIETTA G A 30062	Country:	US	Entity Type:		Entity Country:	BX
Name:	Unimed Pharmaceuticals LLC											
Address:	901 Sawyer Road MARIETTA G A 30062											
Country:	US											
Entity Type:												
Entity Country:	BX											
CORRESPONDENCE DATA												
Correspondent Name:	Unimed Pharmaceuticals LLC											
Address:	901 Sawyer Road MARIETTA G A 30062											
Country:	US											

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