

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79067605</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>Laboratoire Medidom S.A.</td><td>01/26/2010</td></tr></tbody></table>			Name	Execution Date	Laboratoire Medidom S.A.	01/26/2010
Name	Execution Date					
Laboratoire Medidom S.A.	01/26/2010					
RECEIVING PARTY DATA						
Name:	Laboratoire Medidom SA					
Address:	Enetriederstrasse 44 CH-6060 Samen					
Country:	CH					
Entity Type:						
Entity Country:	CH					
CORRESPONDENCE DATA						
Correspondent Name:	Laboratoire Medidom SA					
Address:	Enetriederstrasse 44 CH-6060 Samen					
Country:	CH					

**THIS  
PAGE  
INTENTIONALLY  
LEFT  
BLANK**