

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                      |  |                |                      |
|--------------------------------------|--|----------------|----------------------|
| SUBMISSION TYPE:                     | NEW ASSIGNMENT   |                |                      |
| NATURE OF CONVEYANCE:                | CHANGE OF NAME   |                |                      |
| CONVEYING PARTY DATA                 |  |                |                      |
| Name                                 | Formerly   | Execution Date | Entity Type          |
| Teva Speciality Pharmaceuticals, LLC |  | 04/22/2009     | CORPORATION: FLORIDA |
| RECEIVING PARTY DATA                 |  |                |                      |
| Name:                                | Teva Respiratory, LLC  |                |                      |
| Street Address:                      | 425 Privet Road  |                |                      |
| Internal Address:                    | Trademarks Department  |                |                      |
| City:                                | Horsham  |                |                      |
| State/Country:                       | PENNSYLVANIA   |                |                      |
| Postal Code:                         | 19044  |                |                      |
| Entity Type:                         | CORPORATION: FLORIDA   |                |                      |
| PROPERTY NUMBERS Total: 1            |  |                |                      |
| Property Type                        | Number   | Word Mark      |                      |
| Registration Number:                 | 1964494  | NASAREL        |                      |
| CORRESPONDENCE DATA                  |  |                |                      |
| Fax Number:                          | (215)293-6499  |                |                      |
|                                      | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                |                      |
| Phone:                               | 215-293-6406   |                |                      |
| Email:                               | herschel.perel@tevapharm.com   |                |                      |
| Correspondent Name:                  | Herschel Perel   |                |                      |
| Address Line 1:                      | 425 Privet Road  |                |                      |
| Address Line 2:                      | Trademarks Department  |                |                      |
| Address Line 4:                      | Horsham, PENNSYLVANIA 19044  |                |                      |
| ATTORNEY DOCKET NUMBER:              | REG NO. 1964494  |                |                      |
| NAME OF SUBMITTER:                   | Herschel Perel   |                |                      |
| Signature:                           | /herschel perel/   |                |                      |
| Date:                                | 08/22/2011   |                |                      |
| Total Attachments: 0                 |  |                |                      |

CH \$40.00 1964494

**THIS  
PAGE  
INTENTIONALLY  
LEFT  
BLANK**