

TIS/MADRID ASSIGNMENT

Electronic Version v1.0  
Stylesheet Version v1.0

SUBMISSION TYPE:	NEW ASSIGNMENT	<b>APPLICATION NUMBER</b> <b>79109143</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>TcL PHARMA</td><td>12/14/2012</td></tr></tbody></table>			Name	Execution Date	TcL PHARMA	12/14/2012						
Name	Execution Date											
TcL PHARMA	12/14/2012											
RECEIVING PARTY DATA												
<table border="1"><tr><td>Name:</td><td>EFFIMUNE</td></tr><tr><td>Address:</td><td>1 rue Gaston Veil F-44035 Nantes</td></tr><tr><td>Country:</td><td>FR</td></tr><tr><td>Entity Type:</td><td></td></tr><tr><td>Entity Country:</td><td>FR</td></tr></table>			Name:	EFFIMUNE	Address:	1 rue Gaston Veil F-44035 Nantes	Country:	FR	Entity Type:		Entity Country:	FR
Name:	EFFIMUNE											
Address:	1 rue Gaston Veil F-44035 Nantes											
Country:	FR											
Entity Type:												
Entity Country:	FR											
CORRESPONDENCE DATA												
Correspondent Name:	EFFIMUNE											
Address:	1 rue Gaston Veil F-44035 Nantes											
Country:	FR											

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