PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3514020

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
APTALIS PHARMATECH, INC.	04/29/2015

RECEIVING PARTY DATA

Name:	ADARE PHARMACEUTICALS, INC.
Street Address:	1200 LENOX DRIVE
Internal Address:	SUITE 100
City:	LAWRENCEVILLE
State/Country:	NEW JERSEY
Postal Code:	08648

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	10827106
Application Number:	13974725

CORRESPONDENCE DATA

Fax Number: (202)842-7899

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 2124796375
Email: zPatDCDocketing@cooley.com
Correspondent Name: EUGENIA KISELGOF
Address Line 1: 1299 PENNSYLVANIA AVENUE NW, SUITE 700
Address Line 2: COOLEY LLP
Address Line 4: WASHINGTON, D.C. 20004

ATTORNEY DOCKET NUMBER:	ADAR-008/00US 325049-2228
NAME OF SUBMITTER:	EUGENIA KIESLGOF
SIGNATURE:	/EUGENIA KISELGOF/
DATE SIGNED:	09/04/2015

Total Attachments: 2
source=Doc#_120010631_v_1_ADAR_Certificate of Amendment#page1.tif
source=Doc#_120010631_v_1_ADAR_Certificate of Amendment#page2.tif

Dr. Falk Pharma v. Ellodi Pharmaceuticals
IPR2025-00055
Dr. Falk Pharma Ex. 1084

090204

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the office of Barbara K. Cegavske Barbara K. Cegavske Secretary of State State of Nevada	Document Number **20150196822-06** Filing Date and Time **04/29/2015 2:44 PM** Entity Number **C3818-1980**

Certificate of Amendment
(PURSUANT TO NRS 78.385 AND 78.390)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Amendment to Articles of Incorporation For Nevada Profit Corporations
(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:

APTALIS PHARMATECH, INC.

2. The articles have been amended as follows: (provide article numbers, if available)

Article 1: The name of the Corporation is Adare Pharmaceuticals, Inc.

3. The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is: 100%

4. Effective date and time of filing: (optional) Date: Time:
(must not be later than 90 days after the certificate is filed)

5. Signature: (required)

X

Signature of Officer John Fraher, Director

*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Amend Profit-After
Revised: 1-5-15

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

ADARE PHARMACEUTICALS, INC.

Nevada Business Identification # NV19801006556

Expiration Date: July 31, 2015

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 30, 2015

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.