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APPLICATION NO.	ISSUE DATE	PATENT NO.	ATTORNEY DOCKET NO.	CONFIRMATION NO.
14/257,342	11/17/2015	9187405	PAT050279-US-PCTD	7853

1095 7590 10/28/2015
NOVARTIS PHARMACEUTICAL CORPORATION
INTELLECTUAL PROPERTY DEPARTMENT
ONE HEALTH PLAZA 433/2
EAST HANOVER, NJ 07936-1080

ISSUE NOTIFICATION

The projected patent number and issue date are specified above.

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b) (application filed on or after May 29, 2000)

The Patent Term Adjustment is 0 day(s). Any patent to issue from the above-identified application will include an indication of the adjustment on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (<http://pair.uspto.gov>).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Application Assistance Unit (AAU) of the Office of Data Management (ODM) at (571)-272-4200.

APPLICANT(s) (Please see PAIR WEB site <http://pair.uspto.gov> for additional applicants):

Peter C. Hiestand, Austria, SWITZERLAND;
Christian Schnell, Hesingue, FRANCE;

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

1095 7590 08/21/2015
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
14/257,342	04/21/2014	Peter C. Hiestand	PAT050279-US-PCTD	7853

TITLE OF INVENTION: S1P RECEPTOR MODULATORS FOR TREATING RELAPSING-REMITTING MULTIPLE SCLEROSIS

APPLN. TYPE	ENTITY STATUS	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	UNDISCOUNTED	\$960	\$0	\$0	\$960	11/23/2015

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEDDINGTON, KEVIN E	1629	514-667000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) The names of up to 3 registered patent attorneys or agents OR, alternatively, 1 <u>Jim Lynch</u></p> <p>(2) The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____</p> <p>3 _____</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: Novartis AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Basel, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

<p>4a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>	<p>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</p> <p><input type="checkbox"/> A check is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The director is hereby authorized to charge the required fee(s), any deficiency, or credits any overpayment, to Deposit Account Number <u>190134</u> (enclose an extra copy of this form).</p>
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5. Change in Entity Status (from status indicated above)

Applicant certifying micro entity status. See 37 CFR 1.29

Applicant asserting small entity status. See 37 CFR 1.27

Applicant changing to regular undiscounted fee status.

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NOTE: Checking this box will be taken to be a notification of loss of entitlement to small or micro entity status, as applicable.

NOTE: This form must be signed in accordance with 37 CFR 1.31 and 1.33. See 37 CFR 1.4 for signature requirements and certifications.

Authorized Signature  Date October 14, 2015

Typed or printed name Jim Lynch Registration No. 54763

Electronic Patent Application Fee Transmittal

Application Number:	14257342			
Filing Date:	21-Apr-2014			
Title of Invention:	S1P RECEPTOR MODULATORS FOR TREATING RELAPSING-REMITTING MULTIPLE SCLEROSIS			
First Named Inventor/Applicant Name:	Peter C. Hiestand			
Filer:	James L Lynch/Andrea Jacquin			
Attorney Docket Number:	PAT050279-US-PCTD			
Filed as Large Entity				
Filing Fees for Utility under 35 USC 111(a)				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Utility Appl Issue Fee	1501	1	960	960
Publ. Fee- Early, Voluntary, or Normal	1504	1	0	0
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				960

Electronic Acknowledgement Receipt

EFS ID:	23778606
Application Number:	14257342
International Application Number:	
Confirmation Number:	7853
Title of Invention:	S1P RECEPTOR MODULATORS FOR TREATING RELAPSING-REMITTING MULTIPLE SCLEROSIS
First Named Inventor/Applicant Name:	Peter C. Hiestand
Customer Number:	1095
Filer:	James L Lynch/Andrea Jacquin
Filer Authorized By:	James L Lynch
Attorney Docket Number:	PAT050279-US-PCTD
Receipt Date:	14-OCT-2015
Filing Date:	21-APR-2014
Time Stamp:	12:20:31
Application Type:	Utility under 35 USC 111(a)

Payment information:

Submitted with Payment	yes
Payment Type	Deposit Account
Payment was successfully received in RAM	\$960
RAM confirmation Number	11188
Deposit Account	190134
Authorized User	LYNCH, JAMES L.

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