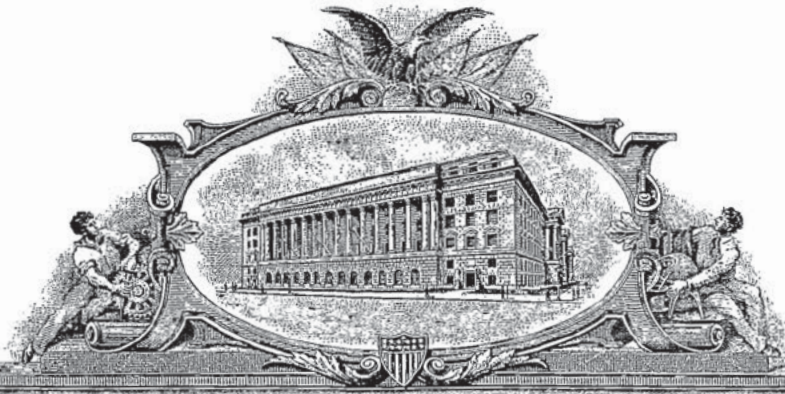


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THIS IS TO CERTIFY THAT ANNEXED HERETO IS A TRUE COPY FROM THE RECORDS OF THE UNITED STATES PATENT AND TRADEMARK OFFICE OF THOSE PAPERS OF THE BELOW IDENTIFIED PATENT APPLICATION THAT MET THE REQUIREMENTS TO BE GRANTED A FILING DATE.

APPLICATION NUMBER: 60/458,922

FILING DATE: March 28, 2003

RELATED PCT APPLICATION NUMBER: PCT/US04/09387

REC'D 21 MAY 2004

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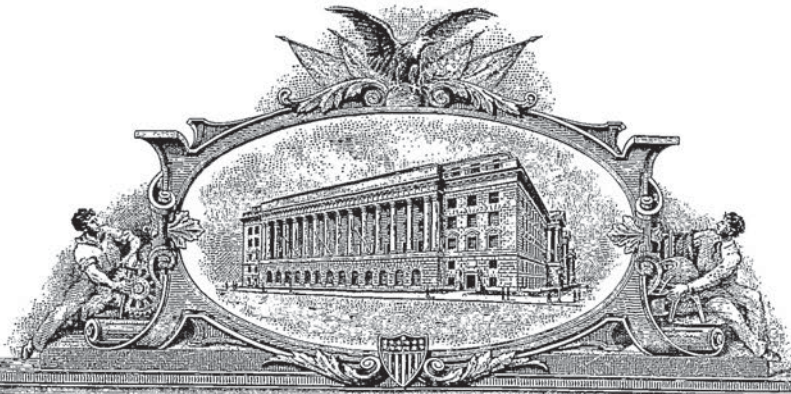
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03-31-03  
A/PIDV  
Docket Number: IVAX0012-P-USA

# PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Large Entity)

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle [if any]) Nicholas	Family Name or Surname Bodor	Residence (City and either State or Foreign Country) Miami, FL
<input type="checkbox"/> Additional inventors are being named on page 2 attached hereto		
TITLE OF THE INVENTION (280 characters max) ORAL AND TRANSMUCOSAL DELIVERY OF CYCLODEXTRIN BASED FORMULATIONS		
CORRESPONDENCE ADDRESS		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input type="text" value="23630"/>		<input type="text" value="Place Customer Number Bar Code Label here"/>
OR <input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country	Telephone	Fax
ENCLOSED APPLICATION PARTS (check all that apply)		
<input checked="" type="checkbox"/> Specification	Number of Pages	<input type="text" value="23"/>
<input type="checkbox"/> Drawing(s)	Number of Sheets	<input type="text"/>
<input checked="" type="checkbox"/> Other (specify)	<input type="text" value="Postcard"/>	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees		FILING FEE AMOUNT (\$)
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:	<input type="text" value="50-1133"/>	<input type="text" value="\$160.00"/>
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____		

JC996 U.S. PTO  
60/458922  
03/28/03

Respectfully submitted,

SIGNATURE Jeffrey J. Miller

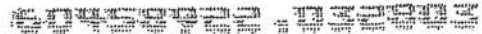
DATE March 28, 2003

TYPED or PRINTED NAME Jeffrey J. Miller

REGISTRATION NO. 39,773  
(if appropriate)

TELEPHONE 617-535-4421

**USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT**  
SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231



PATENT

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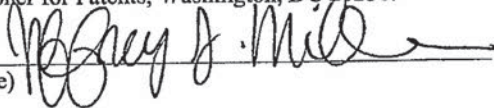
In re Application: Nicholas Bodor  
Serial Number: Not Yet Assigned  
Filing Date: March 28, 2003  
Title: **ORAL AND TRANSMUCOSAL DELIVERY OF  
CYCLODEXTRIN BASED FORMULATIONS**  
Docket Number: IVAX0012-P-USA

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

"Express Mail" Mailing Label Number **EL945335370US** Date of Deposit March 28, 2003

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Jeffrey J. Miller  
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Assistant Commissioner for Patents  
Washington, DC 20231

Dear Sir:

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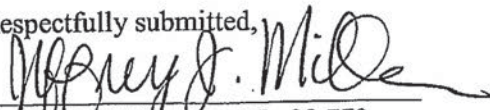
Transmitted herewith for filing are the following documents:

- Provisional Application for Patent Cover Sheet (Large Entity);
- Provisional Patent Application (5 Pages Specification, 18 Pages Appendix);
- Authorization to charge Deposit Amount for filing fee of \$160.00; and
- Return Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (617) 535-4421, Boston, MA.

The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Acct. No. 50-1133.

Dated: 3-28-03

Respectfully submitted,  
  
Jeffrey J. Miller, Reg. No. 39,773  
McDERMOTT, WILL & EMERY  
28 State Street  
Boston, MA 02109-1775  
617-535-4421 (Telephone)  
617-535-3800 (Facsimile)

Docket Number: IVAX0012-P-USA

### PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Large Entity)

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle [if any])	Family Name or Surname	Residence (city and either State or Foreign Country)

#### Certificate of Mailing by Express Mail

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*Jeffrey J. Miller*  
*Signature of Person Mailing Correspondence*

**Jeffrey J. Miller**  
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