

PTO/SB/01(12/97) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATI	ON FOR UTILITY OR	Attorney Docket Number	PC9838AJTJ		
	DESIGN	First Named Inventor	William John Curatolo		
PATEN	T APPLICATION	COMPLETE IF KNOWN			
(37	7 CFR 1.63)	Application Number	To Be Assigned		
XXDeclaration submitted	Declaration Submitted after Initial	Filing Date	Herewith		
with Initial Filing	Filing (surcharge 37 CFR 1.16 (e))	Group Art Unit	To Be Assigned		
	required)	Examiner Name	To Be Assigned		

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As a below named inventor, I hereby declare that:									
My residence, post office add	dress, and citizens	ip are as stated below next to my n	ame.						
I believe I am the original, fire names are listed below) of th	st and sole invento e subject matter w	(if only one name is listed below) on ich is claimed and for which a pate	r an original, first ar nt is sought on the	nd joint inventor (i invention entitled:	f plural				
Gelatin Encapsula	ted Solution	Dosage Forms of Sertra	lline						
		(Title of the Invention)		•					
the specification of which is attached hereto OR		(1.110 57 110 11.110 11.110 11.11							
XX was filed on (MM/DD/	YYYY) 06/16/	98 as Unite	ed States Application N	umber or PCT Inten	national				
Application Number PCT/IB98/00936 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to dis	close information v	hich is material to patentability as c	defined in 37 CFR 1	.56.					
certificate, or 365(a) of any F America, listed below and ha	PCT international apve also identified b	J.S.C. 119(a)-(d) or 365(b) of any for plication which designated at least slow, by checking the box, any fore illing date before that of the applica	one country other to gn application for p	han the United Statent or inventor's	ates of				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached? NO				
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			<u> </u>	<u> </u>	LL_J				
Additional foreign application	numbers are liste	d on a supplemental priority data sh	neet PTO/SB/02B a	ttached hereto:					
I hereby claim the benefit unc	der 35 U.S.C. 119(e) of any United States provisional a	pplication(s) listed	below:					
Application Number	(s)								
60/051,401	07/0	11/1997	numbers suppleme	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.					

EXPRESS MAIL NO. <u>EV123872128US</u>
(B case)

[Page 1 of 3]



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Please type a	plus sign (+) i	nside this box —				F	Patent and Tra	ademark Offic	ce: U.S. DEPAR	TMENT OF COMMERCE
DECLARATION Utility or Design Patent Application										
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.										
					t Filing Da				ent Patent Nui (if applicable)	
PCT/IB98/00936 June 16,										
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent										
_			Custor	mer Number or			Place Customer Number Bar Code Label here			Place Customer Number Bar Code
			X Regist	ered practioner		istation n	umber listed t	elow	•	
	Name			Registration Number	1		Name	e ,	1	Registration Number
_			ustomer Nur Bar Code L	27,526 25,749 28,567 30,561 30,997 31,304 31,760 32,977 27,582 35,251 36,997 39,203 26,810 40,049 31,820 42,208 42,208 42,429 supplemental Registered Practition				28,718 28,775 28,587 31,185 32,723 33,688 34,462 36,257 39,156 37,371 35,428 37,864 36,647 32,509 32,140 35,492 37,807		
Address	_	oint Road	1		T					
City	Groton		Stat	e	CT			Zip Code	06340	
Country USA Telephone 860-441-4901 Fax 860-441-5221 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Surname										
William John Curatolo										
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Please type a plus sign (+) inside this box _____ +

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
Ravi Mysore				Shanker					
Inventor's Signature	Ravi Musore			Sha	nker		9/3/99	=	
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Post Office Address	600 Meridian S	treet Exter	nsion, #81	6					
City	Groton State CT			Zip	06340	Country	USA		
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	irst and middle [if					Family Name			
T. Carrier F.						_ 			
Inventor's Signature			h				Date		
Residence: City		<u> </u>	State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		Zip		Country			
Name of Additional Joint	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
	irst and middle [if					Family Name			
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Inventor's Signature							Date		
Residence: City			State		Country		Citizenship		
Post Office Address									
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City		State		Zip		Country			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Family Name or Sumame									
Inventor's Signature							Date		
Residence: City	 		State		Country		Citizenship		
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