

Filed on behalf of FIBROGEN, INC.

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UNITED STATES PATENT AND TRADEMARK OFFICE

BEFORE THE PATENT TRIAL AND APPEAL BOARD

GLAXOSMITHKLINE LLC,
Petitioner,

v.

FIBROGEN, INC.,
Patent Owner.

Case IPR2016-01315
Patent 8,466,172

PATENT OWNER POWER OF ATTORNEY

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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	8,466,172
	Issue Date	June 18, 2013
	First Named Inventor	Volkmar Guenzler-Pukall
	Title	STABILIZATION OF HYPOXIA INDUCIBLE FACTOR (HIF) ALPHA
	Attorney Docket Number	1033866-000035

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

21839

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I am the:

☐ Inventor, having ownership of the patent.

OR

☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on February 11, 2013.

SIGNATURE of Inventor or Patent Owner

Signature

Date

Name

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Telephone

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Title and Company

Chief Intellectual Property Counsel, FibroGen, Inc.

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF FILING AND SERVICE

I hereby certify that a true and correct copy of the foregoing **PATENT OWNER POWER OF ATTORNEY** is being filed via PTAB E2E and served on counsel for Petitioner by electronic mail this 20th day of July, 2016 as follows:

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