

Power of attorney

This form is a notification of an appointment or change of representative

Read the [notes](#) carefully before completing this form. This is particularly important if you are sending us information concerning trade secrets that you do not wish published. Fields marked ● are mandatory. Fill in the form using capital letters or type it. Please do not staple the pages together. Please note that you will have to print this form, as the information can not be saved.

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● **Subject area**

One subject area per form only.

Trademark Design Patent

● **Application/ reg.no.**

Appl. No./Reg. No./Patent No. 339539	Trademark/design/title of patent Elocta
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Appl. No./Reg. No./Patent No.	Trademark/design/title of patent
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The power of attorney applies to the following application/registration: (Please use the list on the next page if the list below is not sufficient.)

Attachments

Check box if additional documentation is attached.

Change of representative

This is a notification of change of representative.

Your reference regarding this notification:
P19752NOPC03

● **Representative**

I/we hereby authorize:

Given name/Company name: ONSAGERS AS	Surname:
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Postal address:

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Postal code:	City:	Country:
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Organisation number, if company:	Customer ID: 1075
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the power to file an application and represent me/us in everything concerning it, and after the application has been registered, to receive announcements and other procedural communications relating to it. I/we hereby also confer upon the representative the right to withdraw the application, partially or totally, and to request a partial or total cancellation of the protection. This power of attorney includes divisional and separate applications and protection obtained on the basis of such applications. The representative is authorised to transfer this power of attorney to another agent.

● **Applicant/ holder**

Given name/Company name: Bioverativ Therapeutics Inc.	Surname:
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Postal address: 225 Second Avenue

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Postal code: MA 02451	City: WALTHAM	Country: USA
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Organisation number, if company:	Customer ID:
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● **Signature**

Place: Middlesex County Waltham MA	Date: 6/7/17	Signature (the holder or his/her representative): 
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For insertion of the representative's logo (optional)