

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM353202

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Optimer Pharmaceuticals, Inc.		06/11/2015	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Optimer Pharmaceuticals, LLC		
Street Address:	65 Hayden Avenue		
City:	Lexington		
State/Country:	MASSACHUSETTS		
Postal Code:	02421		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86303614	ACCESS DIFICID	
CORRESPONDENCE DATA			
Fax Number:	7325945760		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	732-594-1767		
Email:	james.thomas2@merck.com		
Correspondent Name:	James A. Thomas, Merck & Co., Inc.		
Address Line 1:	126 E. Lincoln Avenue		
Address Line 2:	Office of General Counsel		
Address Line 4:	126 E. Lincoln Avenue, NEW JERSEY 07065		
ATTORNEY DOCKET NUMBER:	;29618 US 1 ACC#		
NAME OF SUBMITTER:	James A. Thomas		
SIGNATURE:	/jat/		
DATE SIGNED:	08/31/2015		
Total Attachments: 4			
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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "OPTIMER PHARMACEUTICALS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "OPTIMER PHARMACEUTICALS, INC." TO "OPTIMER PHARMACEUTICALS LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JUNE, A.D. 2015, AT 9:13 O'CLOCK A.M.

2965732 8100V

150907783




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2456078

DATE: 06-11-15

You may verify this certificate online
at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 005612 FRAME: 0038

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is November 18, 1998.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Optimer Pharmaceuticals, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Optimer Pharmaceuticals LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
11th day of June, A.D. 2015.

By: Katie Fedosz
Authorized Person

Name: Katie Fedosz
Print or Type

Delaware

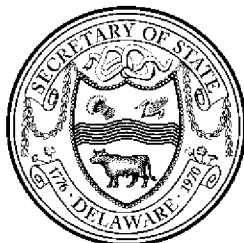
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "OPTIMER PHARMACEUTICALS LLC" FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JUNE, A.D. 2015, AT 9:13 O'CLOCK A.M.

2965732 8100V

150907783




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2456078

DATE: 06-11-15

You may verify this certificate online
at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 005612 FRAME: 0040

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
OPTIMER PHARMACEUTICALS LLC

ARTICLE I

The name of the limited liability company (the "Company") is **Optimer Pharmaceuticals LLC**.

ARTICLE II

The address of the Company's registered office in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of the Company's registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this June 11, 2015.

By: Katie Fedosz
Authorized Person

Name: Katie Fedosz
Print or Type