

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM354643

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the new entity name from Optimer Pharmaceuticals, LLC to Optimer Pharmaceuticals LLC previously recorded on Reel 005612 Frame 0037. Assignor(s) hereby confirms the entity conversion.		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Optimer Pharmaceuticals, Inc.		06/11/2015	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Optimer Pharmaceuticals LLC		
<b>Street Address:</b>	65 Hayden Avenue		
<b>City:</b>	Lexington		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	02421		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86303614	ACCESS DIFICID	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	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>			
<b>Phone:</b>	732-594-1767		
<b>Email:</b>	james.thomas2@merck.com		
<b>Correspondent Name:</b>	James A. Thomas, Merck & Co., Inc.		
<b>Address Line 1:</b>	126 E. Lincoln Avenue		
<b>Address Line 2:</b>	Office of General Counsel		
<b>Address Line 4:</b>	Rahway, NEW JERSEY 07065		
<b>NAME OF SUBMITTER:</b>	James A. Thomas		
<b>SIGNATURE:</b>	/jat/		
<b>DATE SIGNED:</b>	09/10/2015		
<b>Total Attachments: 5</b>			
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## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM353202

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

PAGE 1


*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](http://corp.delaware.gov/authver.shtml)

TRADEMARK  
REEL: 005622 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

PAGE 2


*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](http://corp.delaware.gov/authver.shtml)

TRADEMARK  
REEL: 005622 FRAME: 0840

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