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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Andrew D.J. Goodearl

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Millennium Pharmaceuticals, Inc.

Internal Address: _____

Street Address: 620 Memorial Drive

City: Cambridge State: MA ZIP: 02142

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance

 Assignment Merger

 Security Agreement Change of Name

 Other _____

Execution Date: April 27, 1998

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)
08/985,090

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Giulio A. DeConti, Jr.

Internal Address: Lahive & Cockfield, LLP

Street Address: 28 State Street

City: Boston State: MA ZIP: 02109

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ \$40.00

 Enclosed

 Authorized to be charged to deposit account

8. Deposit account number:

12-0080

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9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

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Total number of pages including cover sheet, attachments and document: 2

Date: 5/22/97

Mail documents to be recorded with required cover sheet information to:
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