


Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (exp. 6/30/2005)U.S. DEPARTMENT OF COMMERCE
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To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies) TERRAGEN DIVERSITY, INC. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: TERRAGEN DISCOVERY, INC. Internal Address: _____ Street Address: <u>Suite 200-2386 East Mall</u> <u>University of British Columbia</u> City: <u>British Columbia</u> State: <u>Vancouver</u> Country: <u>Canada</u> Zip: <u>V6T 1Z3</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>April 13, 1999</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) B. Patent No.(s) 5,849,491 (C023 US) 5,770,392 (C024 US) 6,297,007 (C032/A US) 6,132,984 (C038 US) Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Cubist Pharmaceuticals, Inc.</u> Internal Address: <u>Timothy J. Douros</u> Street Address: <u>65 Hayden Avenue</u> City: <u>Lexington</u> State: <u>MA</u> Zip: <u>02421</u> Phone Number: <u>781 860 8660</u> Fax Number: <u>781 860 1407</u> Email Address: <u>patent@cubist.com</u>	6. Total number of applications and patents involved: <u>4</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>180.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
9. Signature: <u></u> <div style="text-align: center;">Signature</div> <div style="text-align: center;">William D. DeVaul Name of Person Signing</div>	8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>50-1986</u> Authorized User Name <u>William D. DeVaul</u> <div style="text-align: right;"> <u>5/4/2005</u> Date </div> Total number of pages including cover sheet, attachments, and documents: 2

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
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DUPLICATE

NUMBER: 517941



**CERTIFICATE
OF
CHANGE OF NAME**
COMPANY ACT

I Hereby Certify that

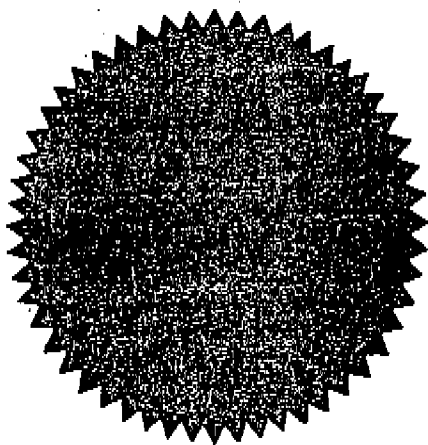
TERRAGEN DIVERSITY INC.

has this day changed its name to

TERRAGEN DISCOVERY INC.

C/d

*Issued under my hand at Victoria, British Columbia
on April 13, 1999*



JOHN S. POWELL
Registrar of Companies
PROVINCE OF BRITISH COLUMBIA
CANADA PATENT