

Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

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)

CUBIST PHARMACEUTICALS, INC.
24 Emily Street
Cambridge, Massachusetts 02139

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

2. Name and address of receiving party(ies)

Name: CUBIST PHARMACEUTICALS, INC.

Internal Address: _____

Street Address: 65 Hayden Avenue

City: Lexington

State: MA

Country: U.S.A. Zip: 02421

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

3. Nature of conveyance/Execution Date(s):

Execution Date(s) October 1, 2001

- Assignment Merger
- Security Agreement Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other Change of Address

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

5,726,195

Additional numbers attached? Yes No

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

Name: Cubist Pharmaceuticals, Inc.

Internal Address: _____

Street Address: 65 Hayden Avenue

City: Lexington

State: MA Zip: 02421

Phone Number: 781 860 8660

Fax Number: 781 860 1407

Email Address: patents@cubist.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1986

Authorized User Name William D. DeVaul

9. Signature:

Signature

October 21, 2005

Date

William D. DeVaul
Name of Person Signing

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:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

CH \$40.00 501986 5426195

VOICED/VOICED
700206023

Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET
PATENTS ONLY

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)
CUBIST PHARMACEUTICALS, INC.

2. Name and address of receiving party(ies)
Name: CUBIST PHARMACEUTICALS, INC.

Internal Address: _____

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

3. Nature of conveyance/Execution Date(s):
Execution Date(s) October 1, 2001

Street Address: 65 Hayden Avenue

- Assignment Merger
- Security Agreement Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other Change of Address

City: Lexington

State: MA

Country: U.S.A. Zip: 02421

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

4. Application or patent number(s):
A. Patent Application No.(s)

This document is being filed together with a new application.
B. Patent No.(s)
5,726,196

Additional numbers attached? Yes No

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

Name: Cubist Pharmaceuticals, Inc.

Internal Address: _____

Street Address: 65 Hayden Avenue

City: Lexington

State: MA Zip: 02421

Phone Number: 781 860 8880

Fax Number: 781 860 1407

Email Address: patents@cubist.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$40.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1986

Authorized User Name William D. DeVaul

9. Signature: [Signature]
Signature

August 25, 2005
Date

William D. DeVaul
Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (703) 306-8988, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1480, Alexandria, V.A. 22313-1480

5726196 0004 11


**Supplement to Recordation Form Cover Sheet
for U.S. Patent No. 5,726,195**

Sirs:

The foregoing Recordation Form Cover Sheet is intended only to change the address of Cubist Pharmaceuticals, Inc. An assignment document is not necessary.

Respectfully submitted,

Dated: August 25, 2005
Customer No.: 34103
Cubist Pharmaceuticals, Inc.
65 Hayden Avenue
Lexington, Massachusetts 02421
Tel.: (781) 860-8660
Fax: (781) 860-1407


Timothy J. Douros, Reg. No. 41,716
William D. DeVaul, Reg. No. 42,483
Attorneys for Assignee
Jill M. Mandelblatt, Reg. No. 37,878
Patent Agent for Assignee

C022 US COA Supp Sheet 082505.doc