

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Pharmaceutical Research and Manufacturers  
of America

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** PhRMA

**Address of Service Provider:** 950 F Street, N.W., Suite 300, Washington, D.C. 20004

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Paul J. Larsen

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box  
or similar designation is not acceptable except where it is the only address that can be used in the geographic  
location):  
PhRMA, 950 F Street, N.W., Suite 300, Washington, D.C. 20004

**Telephone Number of Designated Agent:** 202-835-3428

**Facsimile Number of Designated Agent:** 202-715-7030

**Email Address of Designated Agent:** plarsen@phrma.org

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** 4/5/11

**Typed or Printed Name and Title:** Paul J. Larsen, Deputy Compliance Officer & Assistant Gen

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

**\*Note: Current and adjusted fees are available on the Copyright website at  
[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright I&R/Recordation  
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Washington, DC 20024

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