

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

**Full Legal Name of Service Provider:** PharmEcology Associates, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** 200 S. Executive Drive, Ste 101, Brookfield, WI 53005

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Charlotte A. Smith, R.Ph., M.S., HEM

**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):  
200 S. Executive Drive, Ste 101, Brookfield, WI 53005

**Telephone Number of Designated Agent:** 262-814-2635

**Facsimile Number of Designated Agent:** 414-479-9941

**Email Address of Designated Agent:** csmith@pharmecology.com

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** Aug. 30, 2004

**Typed or Printed Name and Title:** Charlotte A. Smith, R.Ph., M.S., HEM  
President

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

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**RECEIVED**

JAN 07 2005

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