

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

Full Legal Name of Service Provider: COMSOL AB

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

Address of Service Provider: Tegnergatan 23 SE-111 40 Stockholm, Sweden

Name of Agent Designated to Receive Notification of Claimed Infringement: Phil Kinnane

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):
1 New England Executive Park, Suite 350
Burlington, MA 01803 USA

Telephone Number of Designated Agent: 781-273-3322

Facsimile Number of Designated Agent: 781-273-6603

Email Address of Designated Agent: phil@comsol.com

_____ Representative of the Designating Service Provider:
_____ Date: January 27, 2012

Typed or Printed Name and Title: Svante Littmarck
CEO of the COMSOL Group

**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**

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