

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

Full Legal Name of Service Provider: LEO Pharma Inc.

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

Address of Service Provider: 1 Sylvan Way, Parsippany, NJ 07054

Name of Agent Designated to Receive Notification of Claimed Infringement: Lynn Robson

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 Sylvan Way, Parsippany, NJ 07054

Telephone Number of Designated Agent: 973 637 8316

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: USLegalDMCA@leo-pharma.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: LEO Pharma Inc.; November 19, 2012

 **Designating Service Provider:**
Date: 7/11/13

Typed or Printed Name and Title: Lynn Robson, Executive Director, Legal and Compliance

Note: This Amended 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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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Copyright Office