

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

Full Legal Name of Service Provider: MAKO Surgical Corp.

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

Address of Service Provider: 2555 Davie Road, Fort Lauderdale, FL 33317

Name of Agent Designated to Receive Notification of Claimed Infringement: Menashe R. Frank, Esq.

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):
2555 Davie Road, Fort Lauderdale, FL 33317

Telephone Number of Designated Agent: 866.647.6256

Facsimile Number of Designated Agent: 954.927.0446

Email Address of Designated Agent: legal@makosurgical.com



the Designating Service Provider:
Date: 30 DEC 11

Typed or Printed Name and Title: Menashe R. Frank, SVP and General Counsel

**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**

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



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