Interim Designation of Agent to Receive Notification of Claimed Infringement

LEO Pharma Inc.

Full Legal Name of Service Provider:

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

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

Name of Agent Designated to Receive Notification of Claimed Infringement:

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):

LEO Pharma Inc.; Legal - DMCA; 1 Sylvan Way, Parsippany, NJ 07054

Telephone Number of Designated Agent: 973-637-1690

Facsimile Number of Designated Agent: 973-637-1682

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

signating Service Provider: Date: 10/26/12 itle: Daniel Zavodnick, Associate Director, Legal

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



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