

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

Full Legal Name of Service Provider: Parenteral Drug Association, Inc.

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

Address of Service Provider: 4350 East West Highway, Suite 150, Bethesda, MD 20814

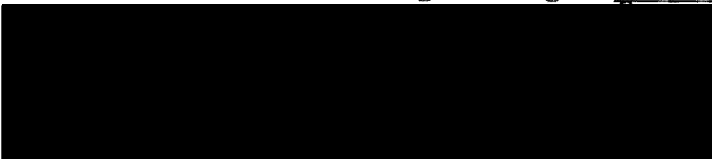
Name of Agent Designated to Receive Notification of Claimed Infringement: Richard Johnson

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):
4350 East West Highway, Suite 150, Bethesda, MD 20814

Telephone Number of Designated Agent: (301) 656-5900

Facsimile Number of Designated Agent: (301) 986-0296

Email Address of Designated Agent: _____



Designating Service Provider:
Date: 22 Sept 2011

Typed or Printed Name and Title: Richard Johnson, President

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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SEP 22 2011
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