

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

Full Legal Name of Service Provider: Program for Appropriate Technology in Health

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

Address of Service Provider: PO Box 900922, Seattle, WA 98109 USA

Name of Agent Designated to Receive Notification of Claimed Infringement: Kimberly Anna Marshall

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):
Anna Marshall, c/o PATH ,2201 Westlake Avenue, Suite 200 Seattle, WA 98121 USA

Telephone Number of Designated Agent: 206.285.3500

Facsimile Number of Designated Agent: 206.285.6619

E-mail Address of Designated Agent: webeditor@path.org

Name of the Designating Service Provider:

Date: 12/02/2011

Typed or Printed Name and Title: Kimberly Anna Marshall, Senior Communications Officer

**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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Copyright

Recordation

Office

Alternative names of service provider:

PATH

www.path.org

sites.path.org

www.alianzaintercambios.org

www.alliance-cxca.org

www.defeatdd.org

www.ghcoalition.org

blog.ghcoalition.org

www.global-campaign.org

www.iycn.org

www.macepalearningcommunity.org

www.malaria vaccine.org

www.meningitis vaccine.org

www.pphprevention.org

www.rapid-diagnostics.org

www.rho.org

www.rhsupplies.org

www.rotavirus vaccine.org