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

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

Date: 12/02/2011

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

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

162765296
Alternative names of service provider:

PATH
www.path.org
sites.path.org
www.alianzaintercambios.org
www.alliance-cxca.org
www.defeatdd.org
www.ghtcoalition.org
blog.ghtcoalition.org
www.global-campaign.org
www.iycn.org
www.macepalearningcommunity.org
www.malaria vaccine.org
www.meningitisvaccine.org
www.pphprevention.org
www.rapid-diagnostics.org
www.rho.org
www.rhsupplies.org
www.rotavirusvaccine.org