

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

Full Legal Name of Service Provider: BioMarin Pharmaceutical Inc.

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

Address of Service Provider: 105 Digital Drive, Novato, CA 94949

Name of Agent Designated to Receive
Notification of Claimed Infringement: Amber Orr

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):
105 Digital Drive, Novato, CA 94949

Telephone Number of Designated Agent: (415) 506-6700

Facsimile Number of Designated Agent: (415) 506-6425

Email Address of Designated Agent: aorr@bmrn.com

Signature of Officer or Representative of the Designating Service Provider:

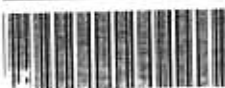
Date: 3/14/06

Typed or Printed Name and Title: G. Eric Davis, Vice President, Corporate Counsel

SCANNED 10 12 - 2008

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

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