

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

Full Legal Name of Service Provider: Ethicon Endo-Surgery, Inc.

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

Address of Service Provider: 4545 Creek Road, Cincinnati, OH 45242

Name of Agent Designated to Receive
Notification of Claimed Infringement: Rich Goheen

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):
4545 Creek Road, ML 90, Cincinnati, OH 45242

Telephone Number of Designated Agent: 513-337-8081

Facsimile Number of Designated Agent: 513-337-8113

Email Address of Designated Agent: RGoheen@eesus.jnj.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 06/04/09

Typed or Printed Name and Title: Susan Law, Director of Marketing

SCANNED 08 06-2009

**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

