

DEC 14 2012

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: IMS Health, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): imshealth.com, imsconsultinggroup.com

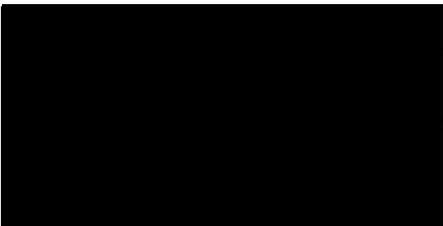
Address of Service Provider: 11 Waterview Boulevard, Parsippany, NJ 07054

Name of Agent Designated to Receive Notification of Claimed Infringement: Webmaster

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):
One IMS Drive, Plymouth Meeting, PA 19462

Telephone Number of Designated Agent: 484-567-6445

Facsimile Number of Designated Agent: 484-567-6982



Designated Agent: webmaster@us.imshealth.com

Representative of the Designating Service Provider:
Date: 10-12-12

Typed or Printed Name and Title: Bob Ghosh, VP-LAW

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



Received
DEC 13 2012
Copyright Office