Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Foligo Therape of	tics Inc
Alternative Name(s) of Service Provider (including all names under provider is doing business): One	which the service
Address of Service Provider: 1211 Parklawn Drive #	106, Rousville, MC
Name of Agent Designated to Receive Notification of Claimed Infringement: Mona S. Thaver	i
Full Address of Designated Agent to which Notification Should be Se or similar designation is not acceptable except where it is the only address that can be used i location): 1211 Parklauen Drive #106 Rexkville MD	n the geographic
Telephone Number of Designated Agent: 202-251-2672	
Facsimile Number of Designated Agent: 202-234-1502	
Email Address of Designated Agent: mana foligot.	
Signature of Officer or Representative of the Designating Service Provided Date: 10/7/08	ler:
Typed on France I vame and Ittle: Mona S. Jhaveri Founder + CEO	
SCANNED 10/24-2008	
Note: This Interim Designation Must be Accompanied by a \$80 Filin Made Payable to the Register of Copyrights.	g Fee
Mail the form to: *moNa@foligot. a	sm_
Copyright GC/I&R	
P.O. Box 70400 Washington DC 20024	
Washington, DC 20024	



