

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

Full Legal Name of Service Provider: Lupus Research Institute

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

Address of Service Provider: 149 Madison Ave., Suite 205, New York, NY 10016

Name of Agent Designated to Receive Notification of Claimed Infringement: Margaret G. Dowd

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): 149 Madison Ave., Suite 205, New York, NY 10016

Telephone Number of Designated Agent: 212-685-4118

Facsimile Number of Designated Agent: 212-545-1843

Email Address of Designated Agent: dowd@lupusny.org

Signature of Officer or ~~T~~ of the Designating Service Provider: _____
Date: 4/21/05

Typed or Printed Name and Title: Margaret G. Dowd
Executive Director

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

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