

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

**Full Legal Name of Service Provider:** Valent BioSciences Corporation

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

**Address of Service Provider:** 870 Technology Way, Libertyville, IL 6048

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Office of Counsel

**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):  
870 Technology Way, Libertyville, IL 60048

**Telephone Number of Designated Agent:** (847) 968-4700

**Facsimile Number of Designated Agent:** (847) 968-4802

**Email Address of Designated Agent:** vbcwebmaster@valent.com

**Signature of Officer or Repres. of the Designating Service Provider:**  
\_\_\_\_\_ Date: 17 Jan 02

**Typed or Printed Name and Title:** Michael D. Donaldson, President & COO

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

JAN 25 2002  
**COPYRIGHT OFFICE**

