

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

Full Legal Name of Service Provider: ANALOGIC CORPORATION

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

Address of Service Provider: 8 CENTENNIAL DRIVE, PEABODY, MA 01960

Name of Agent Designated to Receive
Notification of Claimed Infringement: BRUCE GARR, ASSISTANT SECRETARY

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):

c/o ANALOGIC CORPORATION, 8 CENTENNIAL DR.
PEABODY, MA 01960

Telephone Number of Designated Agent: 978-326-4209

Facsimile Number of Designated Agent: 978-977-6802

Email Address of Designated Agent: bgarr@analogic.com

Signature of _____ Representative of the Designating Service Provider:

Date: 11/23/05

Typed or Printed Name and Title: BRUCE GARR
ASSISTANT SECRETARY

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

SCANNED 11/20/05

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