

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

**Full Legal Name of Service Provider:** Cystic Fibrosis Services, Inc.

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

CF Services, Inc.; CFS; cfservicespharmacy.com; cfservicespharmacy.org; cfservicespharmacy.net, cfservicespharmacy.info; and cfservicespharmacy.biz

**Address of Service Provider:**

6931 Arlington Road, 2<sup>nd</sup> Floor, Bethesda, MD 20814

**Name of Agent Designated to Receive Notification of Claimed Infringement:** William B. Wilhelm, Esq.

**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):

Swidler Berlin Shereff Friedman, LLP  
3000 K Street, N.W., Suite 300  
Washington, DC 20007

**Telephone Number of Designated Agent:** (202) 424-7827

**Facsimile Number of Designated Agent:** (202) 424-7645

**E-mail Address of Designated Agent:** wbwilhelm@swidlaw.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

Date: 1/18/02

Typed or Printed Name and Title: Robin M. Carter  
Vice President  
Cystic Fibrosis Services, Inc.

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

**RECEIVED**

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