

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

Full Legal Name of Service Provider: Teleflex Incorporated

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

Address of Service Provider: 155 S. Limerick Rd., Limerick, PA 19468

Name of Agent Designated to Receive Notification of Claimed Infringement: Kristina Stielau

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):
Teleflex Incorporated, 155 S. Limerick Rd., Limerick, PA 19468

Telephone Number of Designated Agent: 610-948-5100

Facsimile Number of Designated Agent: 610-948-2011

Email Address of Designated Agent: copyrights@teleflex.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: November 16, 2012

Typed or Printed Name and Title: Cynthia Sharo, Assistant General Counsel

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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