

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

**Full Legal Name of Service Provider:** Orthofix Inc.

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

**Address of Service Provider:** 1720 Bray Central Drive McKinney, TX 75069

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Fran Hagerty

**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):  
1720 Bray Central Drive McKinney, TX 75069

**Telephone Number of Designated Agent:** 469-742-2869

**Facsimile Number of Designated Agent:** 469-742-2510

**Email Address of Designated Agent:** franhagerty@orthofix.com

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

**Date:** 2-3-3

**Typed or Printed Name and Title:** Fran Hagerty, Director, Information Services

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

**RECEIVED**

FEB 19 2003

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