

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

Full Legal Name of Service Provider: California Physicians' Service Foundation d/b/a
Blue Shield of California Foundation

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

Address of Service Provider: 50 Beale Street, San Francisco, CA 94105

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Christine Maulhardt

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):
50 Beale Street, San Francisco, CA 94105

Telephone Number of Designated Agent: 415-229-6145

Facsimile Number of Designated Agent: 415-229-6862

Email Address of Designated Agent: christine.maulhardt@blueshieldcafoundation.org

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 12/8/2010

Typed or Printed Name and Title: Christine Maulhardt, Public Affairs Associate

**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:
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