

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

Full Legal Name of Service Provider: Consumer's Medical Resource, Inc.

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

Address of Service Provider: 64 Schoosett Street, Pembroke, MA 02359

Name of Agent Designated to Receive Notification of Claimed Infringement: Janet Claflin

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):  
64 Schoosett Street, Pembroke, MA 02359

Telephone Number of Designated Agent: 888-644-1640

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: jclaflin@consumersmedical.com

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

Date: January 21, 2009

Typed or Printed Name and Title: Janet Claflin, Director of Operations

**SCANNED 02 04 - 2009**

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024



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