

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

Full Legal Name of Service Provider: Procured Inc.

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

Address of Service Provider: 321 N. Clark St., Suite 2550, Chicago, IL 60654

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Hani Elias

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):
321 N. Clark St., Suite 2550, Chicago, IL 60654

Telephone Number of Designated Agent: 312-300-7899

Facsimile Number of Designated Agent: 312-300-4839

Email Address of Designated Agent: helias@procuredhealth.com

Signature of the Designating Service Provider:

Date: 9/7/2012

Typed or Printed Name and Title: Hani N. Elias, Chief Executive Officer

**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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