

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

**Full Legal Name of Service Provider:** The Children's Health Fund

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** childrenshealthfund.org chfund.org

**Address of Service Provider:** 215 W. 125th St., Suite 301, New York, NY 10027

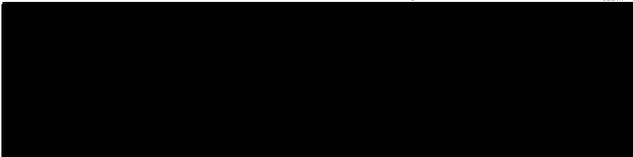
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jeb Weisman

**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):  
The Children's Health Fund, 215 W. 125th St., Suite 301, New York, NY 10027

**Telephone Number of Designated Agent:** 212-535-9400

**Facsimile Number of Designated Agent:** 212-535-7488

**Email Address of Designated Agent:** copyright@chfund.org



**Name of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 03/26/2012

**Typed or Printed Name and Title:** Jeb Weisman Chief Information 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](http://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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