

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

**Full Legal Name of Service Provider:** Clinician 1, LLC

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

**Address of Service Provider:** 300 Jubilee Drive, Peabody, MA 01960

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Eric A. Ivanov

**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):  
149 Emerald Street, Suite U, Keene, NH 03431

**Telephone Number of Designated Agent:** (978) 513-7645

**Facsimile Number of Designated Agent:** (888) 533-5150

**Email Address of Designated Agent:** ip@clinician1.com

 representative of the Designating Service Provider:  
Date: 5-25-16

**Typed or Printed Name and Title:** Robert Indresano / President

**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:  
**U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537**

**SCANNED  
JUN 28 2016**

**Received  
JUN 09 2016  
Copyright Office**

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