

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

Full Legal Name of Service Provider: CODEMED School of Professional Medical
Coding

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** CODEMED, Inc., codemedschool.com, codemed-inc.com
elearn.codemedschool.com, CODEMED School Online

Address of Service Provider: 8939 S. Sepulveda Blvd. Suite 302, Los Angeles, CA 90045

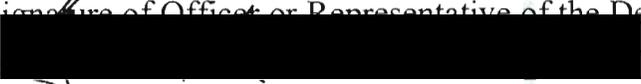
**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Graciela Galvan

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):
8939 S. Sepulveda Blvd., Suite 302, Los Angeles, CA 90045

Telephone Number of Designated Agent: (310) 645-9415

Facsimile Number of Designated Agent: (310) 670-4401

Email Address of Designated Agent: graciela@codemed-inc.com

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 4/27/2010

Typed or Printed Name and Title: Graciela Galvan, School Director

**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**

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