

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

Full Legal Name of Service Provider: CredentialedCARE Corporation

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

Address of Service Provider: 4445 Eastgate Mall, Suite 200, San Diego, CA 92121

Name of Agent Designated to Receive Notification of Claimed Infringement: Gerald W. Flanagan

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):

4445 Eastgate Mall, Suite 200, San Diego, CA 92121

Telephone Number of Designated Agent: 800-693-9698

Facsimile Number of Designated Agent: 925-558-0010

Email Address of Designated Agent: jflanagan@credentialedcare.com

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature]

Date: 1/4/11

Typed or Printed Name and Title: Kimya Hoffmann, Attorney at Law

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