

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

**Full Legal Name of Service Provider:** Emergency Care Research Institute

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

**Address of Service Provider:** 5200 Butler Pike, Plymouth Meeting, PA 19462

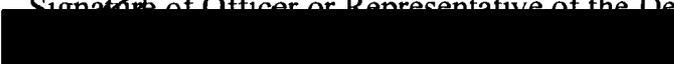
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Ronni P. Solomon

**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):  
Ronni Solomon, ECRI Institute, 5200 Butler Pike, Plymouth Meeting, PA, 19462

**Telephone Number of Designated Agent:** 610-825-6000

**Facsimile Number of Designated Agent:** 610-834-1275

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

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** November 23, 2010

**Typed or Printed Name and Title:** RONNI SOLOMON  
Executive Vice President and General Counsel

**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 RRP  
P.O. Box 71537  
Washington, DC 20024



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