

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

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Full Legal Name of Service Provider: Health Sciences Online (HSO)

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

Address of Service Provider: 6260 Logan Lane, Vancouver, BC V6T 2K9 Canada.

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Ruth Frank

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):
c/o Dr. Ruth Frank, Pennswood Village, 1382 Newtown-Langhorne Road, Newtown PA 18940

Telephone Number of Designated Agent: (215) 504-6861

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: efrank@emory.edu

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 16 October 2009

Typed or Printed Name and Title: Erica Frank, MD, MPH, Founder & Executive Director

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**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

APR 15 2010

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**



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