

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

Full Legal Name of Service Provider: Jobson Medical Information LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): U.S. Pharmacist, 20/20, Vision Monday, Jobson Optical Research, Review of Optometry, Review of Ophthalmology, PharmQD, SightNation, MBA-CE, Review of Optometric Business

Address of Service Provider: 100 Avenue of the Americas, 9th Floor, New York, NY 10013

Name of Agent Designated to Receive Notification of Claimed Infringement: General Counsel, Jobson Healthcare Information LLC

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):
General Counsel, Jobson Healthcare Information LLC, 100 Avenue of the Americas, 9th Floor, New York, NY 10013

Telephone Number of Designated Agent: 212-274-7057

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jfriedman@jhihealth.com

Designating Service Provider: _____
Date: 11/7/13

Typed or Printed Name and Title: Jessica R. Friedman, General Counsel, Jobson Healthcare Information LLC

**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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Mail the form to:
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Washington, DC 20024



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