

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

**Full Legal Name of Service Provider:** LabLynx, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** www.lablynx.com, www.weblims.com, www.scicloud.net,  
www.limskit.com, www.limsjournal.com

**Address of Service Provider:** 2400 Lake Park Drive, Suite 435, Smyrna GA 30080

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** John H. Jones

**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):  
2400 Lake Park Drive, Suite 435, Smyrna GA 30080

**Telephone Number of Designated Agent:** 770-859-1992, ext. 109

**Facsimile Number of Designated Agent:** 877-832-4129

**Email Address of Designated Agent:** jhjones@lablynx.com

Designating Service Provider:

Date:

9/8/2012

and Title: John H. Jones, President

**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 I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024



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