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

Full Legal name of Service Provider: Massachusetts Department of Public Health

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

Address of Service Provider: 250 Washington Street, Boston Massachusetts 02108-4619

Name of Agent Designated to Receive Notification of Claimed Infringement: Mr Sean Fitzpatrick

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):

250 Washington Street, Boston  
Massachusetts 02108

Telephone Number of Designated Agent: (617) 624-5417

Facsimile Number of Designated Agent: (617) 624-5921

Email Address of Designated Agent: Sean.Fitzpatrick@state.ma.us

Signature of Officer or Representative of the Designating Service Provider:

Date: April 15 1999

Typed or Printed Name and Title: SEAN FITZPATRICK  
Director of Marketing and Media

Note: This Amended Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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