

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

Full Legal Name of Service Provider: Medicines360

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

Address of Service Provider: 353 Sacramento St. Suite 900/ San Francisco, CA 94111

Name of Agent Designated to Receive Notification of Claimed Infringement: Gloria Lopez

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):
353 Sacramento St. Suite 900/ San Francisco, CA 94111

Telephone Number of Designated Agent: 415-951-8700 x8987

Facsimile Number of Designated Agent: 415-951-8701

Email Address of Designated Agent: glopez@medicines360.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/30/12

Typed or Printed Name and Title: Gloria Lopez, Contracts Manager

**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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



OCT 05 2012

Received
SEP 18 2012
Copyright Office