

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

Full Legal Name of Service Provider: National Hispanic Medical Association

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

Address of Service Provider: 1411 K Street, NW Suite 1100

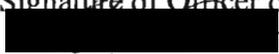
**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Elena Rios

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):
1411 K Street, N.W. Suite 1100, Washington, DC 20005

Telephone Number of Designated Agent: 202-628-5895

Facsimile Number of Designated Agent: 202-628-5898

Email Address of Designated Agent: erios@nhmamd.org

Signature of Officer or Representative of the Designating Service Provider:


Date: October 20, 2010

Typed or Printed Name and Title: Elena Rios, President and CEO

**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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