

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

**Full Legal Name of Service Provider:** Patient-Centered Outcomes Research Institute

---

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

---

---

**Address of Service Provider:** 1828 L Street, NW, Suite 900, Washington, D.C. 20036

**Name of Agent Designated to Receive Notification of Claimed Infringement:** William Silberg

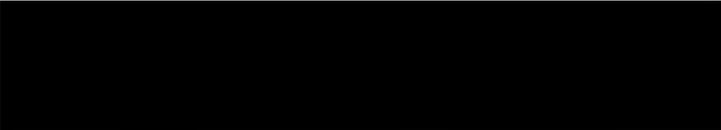
**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
1828 L Street, NW, Suite 900, Washington, D.C. 20036

---

**Telephone Number of Designated Agent:** 202-827-7680

**Facsimile Number of Designated Agent:** 202-355-9558

**Email Address of Designated Agent:** bsilberg@pcori.org

 Designating Service Provider:

Date: June 3, 2015

**Typed or Printed Name and Title:** Mary C. Hennessey, Esq.  
General Counsel and Secretary, PCORI

---

**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)**

**Scanned  
JUN 11 2015**

**Received  
JUN 09 2015  
Copyright Office**