

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

Full Legal Name of Service Provider: Simulconsult

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

Address of Service Provider: 27 Crafts Road, Chestnut Hill, MA

Name of Agent Designated to Receive Notification of Claimed Infringement: Lynn Feldman

02467

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):

27 Crafts Road, Chestnut Hill, MA 02467

Telephone Number of Designated Agent: 617 - 879 - 1670

Facsimile Number of Designated Agent: 617 - 849 - 5993

Email Address of Designated Agent: feldman.lynn@simulconsult.com

Signature of Officer or Representative of the Designating Service Provider:

Date: Oct. 14, 2009

Typed or Printed Name and Title: Lynn Feldman CEO

SCANNED 10 28 - 2009

**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 GC/I&R
P.O. Box 70400
Washington, DC 20024

RECEIVED

OCT 19 2009

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