

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

Full Legal Name of Service Provider: Superior Medical Editing, Incorporated

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

Address of Service Provider: 821 7th Street SE, Minneapolis, MN 55414

Name of Agent Designated to Receive Notification of Claimed Infringement: John Roberts

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):
233 Park Avenue, Suite 203 Minneapolis, MN 55415

Telephone Number of Designated Agent: 612-659-8443

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jroberts@newcounsel.com

Signature of Designating Service Provider: _____
Date: 03/28/2016

Typed or Printed Name and Title: Kevin Kallmes, Secretary and Treasurer of the Board of Directors AND Director of Editing

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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED
SEP 27 2016

Received

Copyright Office

SRI- 4007701850