

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

Full Legal Name of Service Provider: Best Doctors, Inc.

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

Address of Service Provider: 100 Federal Street, 21st Floor, Boston, MA 02110

Name of Agent Designated to Receive Notification of Claimed Infringement: Hal N. Schwartz, Esq.

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):
c/o Best Doctors, Inc., 100 Federal Street, 21st Floor, Boston, MA 02110

Telephone Number of Designated Agent: (617) 226-3663

Facsimile Number of Designated Agent: (617) 391-6473

Email Address of Designated Agent: hschwartz@bestdoctors.com

 Representative of the Designating Service Provider:
Date: 1-14-2011

Typed or Printed Name and Title: Sean Ploen, Esq.
Copyright Counsel

**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 RRP
P.O. Box 71537
Washington, DC 20024



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