

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

Full Legal Name of Service Provider: Clinical Care Options, LLC

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

Address of Service Provider: 12001 Sunrise Valley Drive, Suite 300, Reston, VA 20191

Name of Agent Designated to Receive Notification of Claimed Infringement: Jan Smilek

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):
12001 Sunrise Valley Drive, Suite 300, Reston, VA 20191

Telephone Number of Designated Agent: 703 674 3510

Facsimile Number of Designated Agent: 703 391 6874

Email Address of Designated Agent: customersupport@clinicaloptions.com; jsmilek@c
jsmilek@clinicaloptions.com

Name of Designating Service Provider: _____
Date: 3/18/2014

Typed or Printed Name and Title: Jan Smilek, Chief Financial Officer

**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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