

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

Full Legal Name of Service Provider: CROSS SOURCE, LLC

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

Address of Service Provider: 15830 E. Centipede Dr., Fountain Hills, AZ 85268

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Connie J. Mableson, 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):
3033 N. Central Ave., Ste 645, Phoenix, AZ 85012

Telephone Number of Designated Agent: 602-277-8100

Facsimile Number of Designated Agent: 602-557-0551

Email Address of Designated Agent: connie@mablesonlaw.com

Signature of Officer or Representative of the Designating Service Provider:

Date: August 20, 2013

Typed or Printed Name and Title: Connie J. Mableson, Authorized Representative

**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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SEP 13 2013



Received

AUG 29 2013

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