

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

Full Legal Name of Service Provider: Hawaii Medical Service Association

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

Address of Service Provider: 818 Keeaumoku St., Honolulu, Hawaii 96814

Name of Agent Designated to Receive Notification of Claimed Infringement: Jennifer Walker

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):
P.O. Box 860, Attn: Legal Department, Honolulu, Hawaii 96808-0860

Telephone Number of Designated Agent: (808) 948-5110

Facsimile Number of Designated Agent: (808) 948-8203

Email Address of Designated Agent: jennifer_walker@hsma.com

 **Signature of the Designating Service Provider:** _____
Date: Aug 7 2015

Typed or Printed Name and Title: Jennifer Walker, Vice President

**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

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Copyright Office