

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

Full Legal Name of Service Provider: HCW Employee Benefit Services, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): hcwbenefits.com  
healthcare.reform.digest.com

Address of Service Provider: 4819 Emperor Blvd., Suite 200, Durham, NC  
27703

Name of Agent Designated to Receive Notification of Claimed Infringement: Todd Yates

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):  
4819 Emperor Blvd., Suite 200  
Durham, NC 27703

Telephone Number of Designated Agent: 919.403.1986

Facsimile Number of Designated Agent: 919.869.2063



t.yates@hcwbenefits.com

the Designating Service Provider:  
Date: 7/16/14

Todd Yates, Managing Partner

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024

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