Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Healthcare Research LLC	
Alternative Name(s) of Service Provider (including all names under which the provider is doing business): myCNAjobs, HealthHire	service
Address of Service Provider: 744 N Wells St. Chicago, IL 60654	-
Name of Agent Designated to Receive Notification of Claimed Infringement: Brandi Kurtyka	
Full Address of Designated Agent to which Notification Should be Sent (a P.O. For similar designation is not acceptable except where it is the only address that can be used in the geograplocation): 744 N Wells St. Chicago, IL 60654	
Telephone Number of Designated Agent: 7735923508	
Facsimile Number of Designated Agent:	
Email Address of Designated Agent: brandi@myCNAjobs.com	
ntive of the Designating Service Provider: Date: 10/28/13	
Typed or Printed Name and Title: Brandi Kurtyka, CEO	
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	Scanne
Mail the form to: Copyright I&R/Recordation P.O. Box 71537	eived

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