

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

Full Legal Name of Service Provider: HIPAA NETWORKS LLC

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

Address of Service Provider: 67 S. HIGLEY RD #103-444 GILBERT AZ 85296

Name of Agent Designated to Receive Notification of Claimed Infringement: RAMAN SUD

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): 67 S. HIGLEY RD #103-444 GILBERT AZ 85296

Telephone Number of Designated Agent: 480-779-9209

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: arin@hipaas.net

Name of the Designating Service Provider:
Date: 11/5/13

Typed or Printed Name and Title: RAMAN SUD
CTO

**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**

Scanned
DEC 05 2013



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Copyright Office