

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

**Full Legal Name of Service Provider:** iAMscientist, Inc.

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

**Address of Service Provider:** 110 Great Road, Bedford, MA, 01730

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Michael H. Bison, 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):  
Michael H. Bison, Esq., Goodwin Procter LLP, Exchange Place, Boston, MA, 02109

**Telephone Number of Designated Agent:** (617) 570-1933

**Facsimile Number of Designated Agent:** (617) 523-1231

**Email Address of Designated Agent:** mbison@goodwinprocter.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 1/17/12

**Typed or Printed Name and Title:** Michael H. Bison, Esq.  
Attorney for Designating Service Provider

**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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