

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

Full Legal Name of Service Provider: Icahn School of Medicine at
Mount Sinai

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** Mount Sinai School of Medicine, Mount Sinai
Health System, The Mount Sinai Hospital, The Mount Sinai
Hospitals Group

Address of Service Provider: One Gustave L. Levy Place, New York, NY 10029

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** General Counsel, Office of the General
Counsel

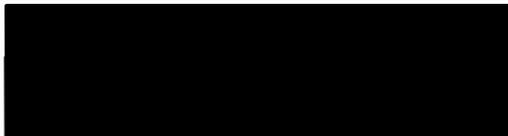
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box
or similar designation is not acceptable except where it is the only address that can be used in the geographic
location): Office of the General Counsel, Icahn School of Medicine,
One Gustave L. Levy Place, New York, NY 10029

Telephone Number of Designated Agent: (212) 659-8105

Facsimile Number of Designated Agent: (212) 348-2230

Email Address of Designated Agent: BEssig@chpnet.org

Identify the Interim Designation to be Amended, by Service Provider Name and Filing
Date, so that it may be Readily Located in the Directory Maintained by the Copyright
Office: Mount Sinai School of Medicine

 **Signature of the Designating Service Provider:**
Date: 5/28/15

Typed or Printed Name and Title: Beth Essig, Executive Vice President
and General Counsel

Note: This Amended 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

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JUN 04 2010

Received
JUN 02 2015
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