

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

Full Legal Name of Service Provider: Intelligent Medical Objects, Inc.

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

Address of Service Provider: 60 Revere Drive, Suite 360, Northbrook, IL 60062

Name of Agent Designated to Receive Notification of Claimed Infringement: David Haines, COO

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):
60 Revere Drive, Suite 360, Northbrook, IL 60062

Telephone Number of Designated Agent: 847/613-6620

Facsimile Number of Designated Agent: 847/272-7968

Email Address of Designated Agent: dave@imo-online.com

Name of the Designating Service Provider: _____
Date: 10/21/2013

Typed or Printed Name and Title: David Haines, COO

**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**

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



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