

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

Full Legal Name of Service Provider: MHNU Corporation

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Medical Home Network, MHN

Address of Service Provider: 939 W. North Avenue, Suite 875, Chicago, IL 60642

Name of Agent Designated to Receive Notification of Claimed Infringement: Gail Vijuk

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):
939 W. North Avenue, Suite 875, Chicago, IL 60642

Telephone Number of Designated Agent: 312-967-3139

Facsimile Number of Designated Agent: 312-270-274-0555

Email Address of Designated Agent: gvijuk@mhnchicago.org

 of the Designating Service Provider: _____
Date: 11/8/16

Typed or Printed Name and Title: Gail Vijuk, Controller

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED
JAN 10 2017

Copyright Office

SRI-4189610928