

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

**Full Legal Name of Service Provider:** Multiple Myeloma Research Foundation, Inc.

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

**Address of Service Provider:** 383 Main Avenue, 5th Floor, Norwalk, CT 06851

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Karen A. Dietz

**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):

383 Main Avenue, 5th Floor, Norwalk, CT 06851

**Telephone Number of Designated Agent:** 203-652-0214

**Facsimile Number of Designated Agent:** 203-972-1259

**Email Address of Designated Agent:** DietzK@themmr.org

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

**Date:** 12-3-2013

**Typed or Printed Name and Title:** Karen A. Dietz, In-House Counsel

**Scanned**

**FEB 28 2014**

**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](http://www.copyright.gov/docs/fees.html)

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