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

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): The Michael J. Fox Foundation for Parkinson's Research	
Address of Se	rvice Provider: Church Street Station, PO Box 780; NY, NY 10008-0780
Name of Ager	nt Designated to Receive f Claimed Infringement: Shana B. Edwards
OCHUOD)+::	of Designated Agent to which Notification Should be Sent (a P.O. Box ion is not acceptable except where it is the only address that can be used in the geographic oth Floor; New York, New York 10004
Telephone Nu	mber of Designated Agent: (212) 509-0995
	iber of Designated Agent: (212) 509-2390
	of Designated Agent: sedwards@michaeljfox.org
ignature of Off	ficer or Representative of the Designating Service Provider:  Date: 11-0 F
mediar Printer	1 Name and Title: Todd Sherer; Vice President, Research Programs

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



