

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

**Full Legal Name of Service Provider:** RateMDs Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** ratemds.com, ratemd.com, hospitalsmile.com,  
hospitalsmiles.com, nursinghomesmile.com,  
nursinghomesmiles.com, hospitalchooser.com, nursinghomechooser.com

**Address of Service Provider:** 2828 Westberry Dr, San Jose CA 95132

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Joanne Wong

**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):  
2828 Westberry Dr, San Jose CA 95132

**Telephone Number of Designated Agent:** 650-265-7229

**Facsimile Number of Designated Agent:** NA

**Email Address of Designated Agent:** ratemds@gmail.com



**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 9/28/2011

**Name of Designating Service Provider:** Joanne Wong, President

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

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