

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

**Full Legal Name of Service Provider:** Rx Response

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

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**Address of Service Provider:** 950 F Street NW Suite 300 Washington, DC 20004

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Erin Mullen

**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):  
950 F Street NW Suite 300 Washington, DC 20004

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**Telephone Number of Designated Agent:** 202.572.7790

**Facsimile Number of Designated Agent:** 2027156939

**Email Address of Designated Agent:** emullen@rxresponse.org

 **Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 10/7/14

**Typed or Printed Name and Title:** Erin Mullen, Executive Director

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**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)**

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

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