

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

Full Legal Name of Service Provider: Ryical Medical Consulting, LLC

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

Address of Service Provider: 515 Madison Avenue, Suite 3800B, New York, NY 10022


Name of Agent Designated to Receive Notification of Claimed Infringement: Tobi Greene

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):
Ryical Medical Consulting, LLC, 515 Madison Avenue, Suite 3800B, New York, NY 10022

Telephone Number of Designated Agent: 212.804.8805

Facsimile Number of Designated Agent: 646.607.1222

Email Address of Designated Agent: info@ryical.com

 **Signature of the Designating Service Provider:** _____
Date: February 18, 2016

Typed or Printed Name and Title: Tobi Greene, Member

**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

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**Received
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Copyright Office**

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