Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Sage Bionetworks
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: 1100 Fairview Ave North, MS: M1-C108, Seattle, WA 98109
Name of Agent Designated to Receive Notification of Claimed Infringement: Diane Gary
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): Same as above
Telephone Number of Designated Agent: 206 667-3038
Facsimile Number of Designated Agent: 206 667-2062
Email Address of Designated Agent: diane.gary@sagebase.org
Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office:
ve of the Designating Service Provider: Date: 2/13/2013
Typed or Printed Name and Title: Diane Gary, Signing Official
Sca

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

Mail the form to:

Copyright I&R/Recordation P.O. Box 71537 Washington, DC 20024



Received
MAR 2 8 2013
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