

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

**Full Legal Name of Service Provider:** SJ MedConnect, Inc.

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

**Address of Service Provider:** 77 Alviso Street, Santa Clara, CA 95050

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jason I. Reminick

**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):  
77 Alviso Street, Santa Clara, CA 95050

**Telephone Number of Designated Agent:** 516-359-2924

**Facsimile Number of Designated Agent:** \_\_\_\_\_

\_\_\_\_\_ jason.reminick@gmail.com

\_\_\_\_\_ **Designating Service Provider:**  
Date: 7/23/14

\_\_\_\_\_ **Title:** Jason I. Reminick, President

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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