

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

Full Legal Name of Service Provider: Society of Hospital Medicine

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Hospital Medicine Exchange, HM Exchange, HMX

Address of Service Provider: same as below

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert A. Zipperlen, CPA

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):
1500 Spring Garden St. Suite 501
Philadelphia PA 19130

Telephone Number of Designated Agent: 267-702-2605

Facsimile Number of Designated Agent: 267-702-2690

Email Address of Designated Agent: bzipperlen@hospitalmedicine.org

Representative of the Designating Service Provider: _____
Date: 10/25/12

Typed or Printed Name and Title: Robert A. Zipperlen, CPA Vice President - Finance

**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:
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Washington, DC 20024

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