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

Full Legal Name of Service Provider:	HAYMARKET MEDAINC
provider is doing business):	er (including all names under which the service
SEC ATTACHED	•
Address of Service Provider: 114	LOZETH STREET, 4 FIR
rame of Agent Designated to Receive	
Notification of Claimed Infringement:	LOUISE MORRIN
Full Address of Designated Agent to w or similar designation is not acceptable except when location):	hich Notification Should be Sent (a P.O. Box e it is the only address that can be used in the geographic
HAYMALLET MEDI	1 10001 ST.
Telephone Number of Designated Ager	nt: 646 638 6000
Facsimile Number of Designated Agent	1:646 628 6120
Email Address of Designated Agent:	the Decignation Samin P. I. Medica.
Signature of Officer or Representative of	the Designating Service Provider:
	Date: 8.28.57
Typed or Printed Name and Title: LC	at manufacturing.
09 18-2007	
Note: This Interim Designation Must be	Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyr	ights.
Mail the form to:	
Copyright GC/I&R	RECEIVED
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AUG 3 1 2007

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Washington, DC 20024

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