

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

Full Legal Name of Service Provider: MEDTEGRITY, INC.

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

Address of Service Provider: 3200 WEST END AVENUE
SUITE 557
NASHVILLE, TN 37203

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** JAMES R. KALYVAS

**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):**

FOLEY & LARDNER
2029 CENTURY PARK EAST
35TH FLOOR
LOS ANGELES, CA 90067

RECEIVED

AUG 02 2000

Telephone Number of Designated Agent: (310) 277-2223

Facsimile Number of Designated Agent: (310) 557-8475

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Email Address of Designated Agent: JKALYVAS@FOLEYLAW.COM

Signature of Officer or Representative of the Designating Service Provider:

Date: 6/15/20

Typed or Printed Name and Title: DAN NUTKIS, CEO

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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