

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

Full Legal Name of Service Provider: AIM at Melanoma

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

Address of Service Provider: 3040 Cutting Blvd. Richmond, CA 94804

Name of Agent Designated to Receive Notification of Claimed Infringement: Samantha R. Guild

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):
3040 Cutting Blvd. Richmond, CA 94804

Telephone Number of Designated Agent: 916-706-0599

Facsimile Number of Designated Agent: 916-706-0800

Email Address of Designated Agent: sguild@charlie.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/28/08

Typed or Printed Name and Title: Samantha R Guild Secretary

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 09 / 11 - 2008



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