

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

Full Legal Name of Service Provider: MEDTEXT, INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): HDCN - HYPERTENSION, DIALYSIS,
CLINICAL NEPHROLOGY
HDCN.COM

Address of Service Provider: 15W560 89th STREET, BARR RIDGE, IL
60527

Name of Agent Designated to Receive Notification of Claimed Infringement: JOHN T. DAUGIRDAS, MD

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):

15W560 89th STREET
BARR RIDGE, IL 60527

Telephone Number of Designated Agent: 630-325-3276

Facsimile Number of Designated Agent: 630-887-1446

Email Address of Designated Agent: EDITOR @ HDCN.NET

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 14 NOV 2010

Typed or Printed Name and Title: JOHN T. DAUGIRDAS
VICE-PRESIDENT

**Note: This Interim Designation Must be Accompanied by a Filing Fee* \$125
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**

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JAN 06 2011

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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DEC 14 2010
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