

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

**Full Legal Name of Service Provider:** California Physician's Service d/b/a Blue Shield of California

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

**Address of Service Provider:** 50 Beale Street

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rajeev Kumar

**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):

Blue Shield of California eBusiness 50 Beale Street San Francisco, CA 94105

**Telephone Number of Designated Agent:** 415-229-6710

**Facsimile Number of Designated Agent:** 415-229-5567

**Email Address of Designated Agent:** copyrightnote@blueshieldca.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: California Physicians' Service 08/30/2007

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**

Date: 04/14/10

**Typed or Printed Name and Title:** Rajeev Kumar, Senior Manager, eBusiness

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JUN 23 2010

Note: This Amended 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](http://www.copyright.gov/docs/fees.html)

Mail the form to:

Copyright GC/RRP  
P.O. Box 71537  
Washington, DC 20024



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