

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

Full Legal Name of Service Provider: CHILDRENS HOSPITAL - BOSTON

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

Address of Service Provider: 300 LONGWOOD AVE, BOSTON, MA, 02115

Name of Agent Designated to Receive Notification of Claimed Infringement: DAVID DIGENARO

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):

1295 BOYLSTON STREET, SUITE 330,  
BOSTON, MASS. 02215

Telephone Number of Designated Agent: 617-355-8743

Facsimile Number of Designated Agent: 617-421-1934

Email Address of Designated Agent: DAVID.DIGENARO@TCH.HARVARD.EDU

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: MAY 21, 2003

Typed or Printed Name and Title: DAVID M DIGENARO  
INFORMATION SECURITY OFFICER

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

**134093305**



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**RECEIVED**

MAY 27 2003

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