

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

**Full Legal Name of Service Provider:** Public Health Solutions

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** MIC - Women's Health Services; Neighborhood WIC; NYC IUD Taskforce; Sudden Infant and Child Death Resource Center

**Address of Service Provider:** 40 Worth Street, 5th Floor, New York, NY 10013

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Ohyoon Kim

**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):  
40 Worth Street, 5th Floor, New York, NY 10013

**Telephone Number of Designated Agent:** 646-619-6639

**Facsimile Number of Designated Agent:** 646-619-6777

**Email Address of Designated Agent:** okim@healthsolutions.org

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: Service Provider Name: Public Health Solutions. Filing Date: Received by Copyright Office on 11/12/2014, Scanned 12/11/2014

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 07/15/2015

**Typed or Printed Name and Title:**

Jane Levine, VP Legal Affairs/General Counsel

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:  
**U.S. Copyright Office, Designated Agents**  
**P.O. Box 71537**  
**Washington, DC 20024-1537**

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