

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

Full Legal Name of Service Provider: Diagnostics For All

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

Address of Service Provider: 840 Memorial Drive, Cambridge, MA 02139

Name of Agent Designated to Receive Notification of Claimed Infringement: Jacqueline Klosek

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):
Jacqueline Klosek, Senior Counsel, Goodwin Procter LLP, 620 Eighth Avenue, New York, N
10018

Telephone Number of Designated Agent: 212-459-7464

Facsimile Number of Designated Agent: 212-355-3333

Email Address of Designated Agent: jklosek@goodwinprocter.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/16/12



Title: Jacqueline Klosek, Senior Counsel, Goodwin Procter LLP

**Note: This 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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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