

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

**Full Legal Name of Service Provider:** Samuel E. Friedman, M.D.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** www.doctordalai.com, doctordalai.blogspot.com  
missedfiles.blogspot.com

**Address of Service Provider:** 1519 Marion Street, Columbia, SC 29204

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Samuel E. Friedman, M.D.

**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):  
1519 Marion Street, Columbia, SC 29204

**Telephone Number of Designated Agent:** 803-479-6988

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** nucleon2000@yahoo.com

**Signature of Designating Service Provider:** \_\_\_\_\_  
**Date:** May 10, 2011

**Typed or Printed Name and Title:** Samuel E. Friedman, M.D.

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