

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

Basic fee of \$105  
covers indexing  
of this one name.

**Full Legal Name of Service Provider:** BRAINSTORM HEALTH SERVICES INC.

Additional \$35  
per group of 10  
or fewer.

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

**Address of Service Provider:** 197 NORTH RD. #444, HIGHLAND NY 12528

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** JEANNE COOPER

**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):

197 NORTH RD. #444, HIGHLAND NY 12528

**Telephone Number of Designated Agent:** +1 (844) 434-8362 EXT. 700

**Facsimile Number of Designated Agent:** CALL AGENT FOR NUMBER

**Email Address of Designated Agent:** DMCA@BRAINSTORMHEALTHSERVICES.COM

**Name of the Designating Service Provider:**

**Date:** 01 OCTOBER 2015

**Typed or Printed Name and Title:** JEANNE COOPER, DIRECTOR OF  
CONTENT PUBLISHING

**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](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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