

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

Full Legal Name of Service Provider: CWELLNESS INC.

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

Address of Service Provider: 230 Central Street, Newton, MA 02466


**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeff Sirlin

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):
230 Central Street, Newton, MA 02466

Telephone Number of Designated Agent: 617-592-9794

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jsirlin@cwellness.com

 **Signature of the Designating Service Provider:**

Date: 8/12/15

Jeff Sirlin, President

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

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Received

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Copyright Office