

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

Full Legal Name of Service Provider: CarePayment Technologies Inc.

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

Address of Service Provider: 5300 Meadows Rd, Ste 320, Lake Oswego, OR 97035

Name of Agent Designated to Receive Notification of Claimed Infringement: Matthew Storer

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):
5300 Meadows Rd, Ste 320, Lake Oswego, OR 97035

Telephone Number of Designated Agent: (503)419-3544

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: copyright@carepayment.com

 representative of the Designating Service Provider:
Date: 5/23/16

Typed or Printed Name and Title: Matthew Storer, Compliance Manager & Privacy Officer

**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**

SCANNED
JUN 21 2016

Received
MAY 31 2016
Copyright Office

1-353 542 7581