

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

Full Legal Name of Service Provider: CoPilots In Care, Inc.

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

Address of Service Provider: 1917 Euclid Ave., Menlo Park CA 94025

Name of Agent Designated to Receive Notification of Claimed Infringement: David Atashroo

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):
1917 Euclid Ave.
Menlo Park CA 94025

Telephone Number of Designated Agent: 650-746-4272

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@copilotsincare.com

 Designating Service Provider:
Date: 9/10/15

Typed or Printed Name and Title: David Atashroo, CEO & 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**

*Scanned
OCT 08 2015*

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SEP 22 2015
Copyright Office**