

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

Full Legal Name of Service Provider: CommunicateHealth, Inc

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

Address of Service Provider: 26 Market Street, Northampton, MA 01060

Name of Agent Designated to Receive Notification of Claimed Infringement: Stacy Robison, MPH, MCHES

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):
CommunicateHealth, Inc 26 Market Street, Northampton, MA 01060

Telephone Number of Designated Agent: 413-582-0425

Facsimile Number of Designated Agent: 413-517-0545

Email Address of Designated Agent: stacy@communicatehealth.com

Signature of Representative of the Designating Service Provider: _____
Date: 11/21/2014
Title: Stacy Robison, President/Co-Founder

**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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Copyright Office**