Interim Designation of Agent to Receive Notification of Claimed Infringement

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| sasic fee of \$105 overs indexing if this one name. | Full Legal Name of Service Provider: CURE INTERNATIONAL, INC. | | |
|---|--|--------------|-------------------|
| Additional \$35 er group of 10 er fewer. | Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): CURE; CURE International; cure.org | | |
| | Address of Service Provider: 701 BOSLER AVE, LEMOYNE, PA 17043-1819 | | |
| | Name of Agent Designated to Receive Notification of Claimed Infringement: JOEL P. WORRALL, CTO | | |
| | Full Address of Designated Agent to which Notification Should be Sent (a P.O. or similar designation is not acceptable except where it is the only address that can be used in the geographic statement of the second secon | | |
| | CURE INTERNATIONAL, INC., 701 BOSLER AVE, LEMOYNE, PA 17043-1819 | 9 | |
| | Telephone Number of Designated Agent: 717-920-8404 | | |
| | Facsimile Number of Designated Agent: 717-730-6747 | | |
| | Email Address of Designated Agent: joel@cure.org | | |
| | ative of the Designating Service Provider: Date: 12/19/2014 | | |
| | Typed of Frinted Name and Title: JOEL P. WORRALL, CTO | | |
| | 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 | | anned 0 6 2015 |
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