

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

Full Legal Name of Service Provider: Embark Veterinary, Inc.

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

Address of Service Provider: 321 Blackstone Ave, Ithaca, NY 14850

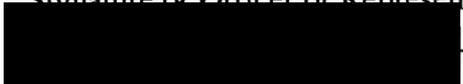
Name of Agent Designated to Receive Notification of Claimed Infringement: Ryan Boyko

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):
901 Red River St Apt 1315
Austin, TX 78701

Telephone Number of Designated Agent: 530-848-2614

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: ryan@embarkvet.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 3/14/2016

Typed or Printed Name and Title: Adam Boyko, Chief Science 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

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