

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

**Full Legal Name of Service Provider:** Evidation Health, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** AchieveMint; The Activity Exchange; BetterMint

**Address of Service Provider:** 15 N. Ellsworth, Suite 208, San Mateo, CA 94401

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Joshua Marker

**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):  
15 N. Ellsworth, Suite 208, San Mateo, CA 94401

**Telephone Number of Designated Agent:** (650)727-5557

**Facsimile Number of Designated Agent:** n/a

**Email Address of Designated Agent:** copyright@evidation.com

**Signature of the Designating Service Provider:**   
**Date:** 7/27/16  
**Typed or Printed Name and Title:** Deborah Kilpatrick, CEO

**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](http://www.copyright.gov/docs/fees.html)**

**SCANNED  
AUG 31 2016**

**Received  
AUG 11 2016  
Copyright Office**

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