

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

Full Legal Name of Service Provider: FIRST Stop Health, LLC

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

Address of Service Provider: 222 N. Columbus DR. Suite D, Chicago, IL 60601

Name of Agent Designated to Receive Notification of Claimed Infringement: KEN ANDERSON

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):

222 N. Columbus DR. Chicago, IL. 60601

Telephone Number of Designated Agent: 888-691-7867 x 403

Facsimile Number of Designated Agent: 888-691-7867

Email Address of Designated Agent: Ken@fshealth.com



of the Designating Service Provider:
Date: 5-17-2012

Typed or Printed Name and Title: KEN ANDERSON
CO-FOUNDER, COO

**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

\$105.-

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



Scanned
JUN 26 2012

Received
JUN 12 2012
Copyright Office