

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

Full Legal Name of Service Provider: William ROBERT FITZ

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

Address of Service Provider: 1852 TREMONT RD, COLUMBUS, OH 43212

Name of Agent Designated to Receive Notification of Claimed Infringement: WILLIAM ROBERT FITZ

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):

1852 TREMONT RD
COLUMBUS, OH 43212

Telephone Number of Designated Agent: 614-488-0914

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: WRFITZ@GMAIL.COM

Name of Designating Service Provider: _____

Date: 9-20-13

Typed or Printed Name and Title: William R FITZ, PRESIDENT

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

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DEC 05 2013

Mail the form to:

Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



Received

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