

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

**Full Legal Name of Service Provider:** Healthy Humans LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** healthyhumans.com, totalaccess.healthyhumans.com

**Address of Service Provider:** 950 West Valley Road, Suite 2700, Wayne, PA 19087

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sagar Dukle

**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):  
950 West Valley Road, Suite 2700, Wayne, PA 19087

**Telephone Number of Designated Agent:** 610-989-0995, 610-989-0996

**Facsimile Number of Designated Agent:** 610-989-0991

**Email Address of Designated Agent:** sdukle@healthyhumans.com

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** 4/13/2010

**Typed or Printed Name and Title:** Sagar Dukle, 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](http://www.copyright.gov/docs/fees.html)**

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