

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

Full Legal Name of Service Provider: Health News, Inc.

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

Address of Service Provider: 5565 S. Decatur Blvd., Suite 101, Las Vegas, NV 89118

Name of Agent Designated to Receive Notification of Claimed Infringement: Glenn Argenbright

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):
5565 S. Decatur Blvd., Suite 101, Las Vegas, NV 89118

Telephone Number of Designated Agent: (702) 509-7999

Facsimile Number of Designated Agent: (702) 560-5771

Email Address of Designated Agent: privacy@healthnews.com

Signature of the Designating Service Provider: _____
Date: 01/20/2011

Typed or Printed Name and Title: Glenn Argenbright, Chief Operating 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**

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FEB 08 2011

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024

