

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

Full Legal Name of Service Provider: HEALTHLIX TECHNOLOGIES, INC.

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

Address of Service Provider: 1370 WILLOW RD., SUITE 200
MEMO PARK, CA 94025

Name of Agent Designated to Receive Notification of Claimed Infringement: MAYSIM USTINOV

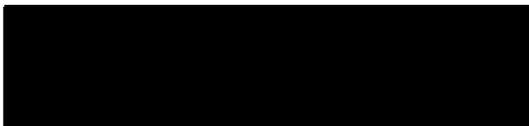
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1370 WILLOW ROAD, SUITE 200
MEMO PARK, CA 94025

Telephone Number of Designated Agent: (510) 585-9181

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: MUSTINOV@HEALTHLIXTECH.COM

 **Signature of the Designating Service Provider:** _____
Date: 12/17/15

Typed or Printed Name and Title: KIJOUN LEE, 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**

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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