

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

Full Legal Name of Service Provider: Health Organization for Pudental Education

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): pudentalhope.info, pudentalhope.org, pudentalhope.com
pudentalHOPE, tipna.org, pudentalhelp.com

Address of Service Provider: PO Box 93701, Albuquerque, NM 87199

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ian Bezpalko

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):
The Bezpalko Law Firm, 2721 Sioux St. NW,
Albuquerque, New Mexico, 87107

Telephone Number of Designated Agent: 505-341-9353

Facsimile Number of Designated Agent: 505-341-9423

Email Address of Designated Agent: ian@bezpalkolawfirm.com

Signature of the Designating Service Provider: _____
Date: 10/7/14

Typed or Printed Name and Title: Ian Bezpalko, ATTORNEY

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

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