Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: The Idaho Health Insurance Exchange

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

Address of Service Provider: 714 W. State Street, Boise, Idaho 83702

Name of Agent Designated to Receive Notification of Claimed Infringement: Jody Olson

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):
714 W. State Street, Boise, Idaho 83702

Telephone Number of Designated Agent: (208) 991-4939

Facsimile Number of Designated Agent:

Email Address of Designated Agent: Jody.Olson@insuredidaho.com

[redacted] of the Designating Service Provider:
Date: 9/26/2013

[redacted]e: Brad R. Frazer, Attorney for Designated Agent

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
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Washington, DC 20024

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