

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

**Full Legal Name of Service Provider:** Integrative Nutrition Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Integrative Nutrition, Institute for Integrative Nutrition, IIN

**Address of Service Provider:** 3 East 28th Street, 12th Floor, New York, NY 10016

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Daniel Mulhall

**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):  
3 East 28th Street, 12th Floor, New York, NY 10016

**Telephone Number of Designated Agent:** 646-503-3926

**Facsimile Number of Designated Agent:** 212-730-5246

**Email Address of Designated Agent:** intellectualproperty@integrativenutrition.com

**Signature of Official Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 5/8/12

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

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



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