

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

**Full Legal Name of Service Provider:** Kurbo Health, Inc.

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

**Address of Service Provider:** PO Box 1581, Palo Alto, CA 94302

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Mark Vershel, Terms Administrator

**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):  
640 Waverly St, Palo Alto, CA 94301

**Telephone Number of Designated Agent:** 1-800-691-1963

**Facsimile Number of Designated Agent:** 866-694-0365

**Email Address of Designated Agent:** terms@kurbo.com

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 6/6/14

**Typed or Printed Name and Title:** Mark Vershel, Terms Administrator

**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)**

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