

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

Full Legal Name of Service Provider: Legacy Health Strategies, LLC

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

Address of Service Provider: 12790 Camino Real, Suite 300 San Diego, CA 92130

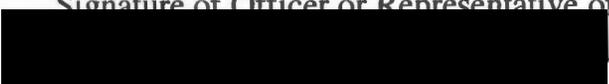
Name of Agent Designated to Receive Notification of Claimed Infringement: Greg Anton

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): 12790 Camino Real, Suite 300 San Diego, CA 92130

Telephone Number of Designated Agent: 858-568-7595

Facsimile Number of Designated Agent: 858-252-1447

Email Address of Designated Agent: privacy@legacyhealthstrategies.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 11.16.16

Typed or Printed Name and Title: Greg Anton, President & Chief Operation Officer

**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**

**SCANNED
MAY 0 1 2017**

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NOV 3 0 2016
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