

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

Full Legal Name of Service Provider: LymphCare GmbH

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

lymphcareusa.com

Address of Service Provider: Quickbornstrasse 24, 20253, Hamburg

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** BSN Copyright Agent

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):
BSN medical IPM C.V., Randstad 22-13, 1316 BN Almere, The Netherlands

Telephone Number of Designated Agent: +31 36 538 95 00

Facsimile Number of Designated Agent: +31 36 538 95 10

Email Address of Designated Agent: ipdept@bsnmedical.com

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature] Date: 16th February, 2016

Typed or Printed Name and Title: Sebastian Köhler, Erik Korte (Managing Directors)

**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

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