

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

Full Legal Name of Service Provider: Mackay Chiropractic Inc.

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

Address of Service Provider: 9040 Friars Rd. ste. 400, SD, Ca, 92108

Name of Agent Designated to Receive Notification of Claimed Infringement: Colin Mackay

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):
9040 Friars Rd. Ste. 400, SD, Ca, 92108

Telephone Number of Designated Agent: 619-280-0201

Facsimile Number of Designated Agent: 619-280-0801

Email Address of Designated Agent: drcolin@rocwellness.com

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 11/5/15

Typed or Printed Name and Title: Colin Mackay, Compliance Department Web Manager

**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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MAR 11 2016

Received
FEB 25 2016
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