Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Odyssey Science Innovations, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): healthyteam-secure.com; odysseyscience.com

Address of Service Provider: 7471 SW St John Place, Portland, Oregon 97223

Name of Agent Designated to Receive Notification of Claimed Infringement: Diane L. Elliot

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):
7471 SW St John Place, Portland, Oregon 99223

Telephone Number of Designated Agent: 503-799-5598

Facsimile Number of Designated Agent:

Email Address of Designated Agent: DLElliot@aol.com

[redacted]tive of the Designating Service Provider:
Date: 7/30/13

Typed or Printed Name and Title: Diane L Elliot, MD Partner

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:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

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