

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

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

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

**Address of Service Provider:** 349 62<sup>nd</sup> Street, Oakland, CA, 94618

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sean Duffy

**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): 349 62<sup>nd</sup> Street, Oakland, CA, 94618

**Telephone Number of Designated Agent:** 646-354-9824

**Facsimile Number of Designated Agent:** NA

**Email Address of Designated Agent:** sean@omadahealth.com

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] Date: 8/2/2011

**Typed or Printed Name and Title:** Sean Duffy, CEO

**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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