

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

**Full Legal Name of Service Provider:** Leisa Peterson

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** WealthClinic.com; community.wealthclinic.com

**Address of Service Provider:** PO Box 1439, Truckee CA 96160

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Leisa Peterson

**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):  
11851 Whitehorse Rd. Truckee. CA 96161

**Telephone Number of Designated Agent:** (530) 448-7081

**Facsimile Number of Designated Agent:** (530) 231-3244

**Email Address of Designated Agent:** lpeterson@wealthclinic.com

**Name of the Designating Service Provider:**

**Date:** 5/14/14

**Signature and Title:** Leisa Peterson, Owner

**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)**

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



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