

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

Full Legal Name of Service Provider: Shift Medical, INC

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

Address of Service Provider: 405 El Camino Real #336 Menlo Park, CA 94025

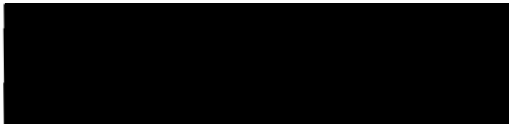
Name of Agent Designated to Receive Notification of Claimed Infringement: Patrick Loerch

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): 405 El Camino Real #336 Menlo Park, CA 94025

Telephone Number of Designated Agent: 617-470-4752

Facsimile Number of Designated Agent: 617-470-4752

Email Address of Designated Agent: support@shiftmedical.com



Signature of the Designating Service Provider: _____
Date: AUGUST 7, 2015

Typed or Printed Name and Title: PATRICK LOERCH, 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

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