

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

**Full Legal Name of Service Provider:** Mason A. Smith & Associates, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** 1stHealthSystems, 1stHealth

**Address of Service Provider:** 5657 171st Ave. SE, Bellevue, WA 98006

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Nancy Smith

**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):  
5657 171st Ave. SE, Bellevue, WA 98006

**Telephone Number of Designated Agent:** 877-700-6007

**Facsimile Number of Designated Agent:** 425-738-8438

**Email Address of Designated Agent:** nancysmith@1stHealthSys.com

**Signature of Representative of the Designating Service Provider:**  
[Redacted Signature] **Date:** 11-8-2012

**Typed or Printed Name and Title:** Jack Berkery, VP of Marketing

**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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