

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

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

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

**Address of Service Provider:** 290 Place d'Youville, Montreal, Quebec, Canada H2Y 2B6

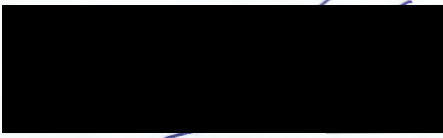
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Michel Nadeau

**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):  
290 Place d'Youville, Montreal, Quebec, Canada H2Y 2B6

**Telephone Number of Designated Agent:** 514-657-7628 x 777

**Facsimile Number of Designated Agent:** 514-657-7532

**Email Address of Designated Agent:** mnadeau@tactiohealth.com

 representative of the Designating Service Provider:  
Date: August 24, 2016

**Typed or Printed Name and Title:** Michel Nadeau, DMCA Copyright Agent

**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:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

**SCANNED**  
**MAR 28 2017**

**Received**  
**SEP 27 2016**  
**Copyright Office**