

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

Full Legal Name of Service Provider: _____
Upper Midwest Organ Procurement Organization, Inc.

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

Address of Service Provider: 2225 West River Road, Minneapolis, MN 55411

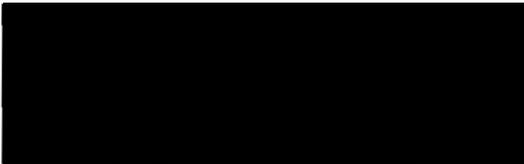
Name of Agent Designated to Receive Notification of Claimed Infringement: Peter Farstad

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):
2225 West River Road, Minneapolis, MN 55411

Telephone Number of Designated Agent: 612 800 6325

Facsimile Number of Designated Agent: 612 800 6331

Email Address of Designated Agent: pfarstad@life-source.org



ative of the Designating Service Provider:
Date: 01-11-2016

Courtney A. Hofflander, Legal Counsel

**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**

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

Scanned
JAN 21 2016

Received
JAN 20 2016
Copyright Office