

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

Full Legal Name of Service Provider: User Health Systems, LLC

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

Address of Service Provider: 180 North Stetson, Suite 3500, Chicago, IL 60601

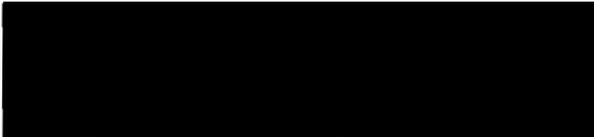
Name of Agent Designated to Receive Notification of Claimed Infringement: Christian Wells

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):
180 North Stetson, Suite 3500, Chicago, IL 60601

Telephone Number of Designated Agent: 312 - 854 - 9440

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: christian@planmatcher.com

 of the Designating Service Provider:
Date: 3 / 12 / 2015

Typed or Printed Name and Title: Christian Wells, 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**

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

Scanned
APR 06 2015

Received
MAR 25 2015
Copyright Office