Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Medivo Inc.

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

Address of Service Provider: 55 Broad Street, 16th Floor, NY NY 10004

Name of Agent Designated to Receive Notification of Claimed Infringement: Medivo

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): 55 Broad Street 16th Floor New York NY 10004

Telephone Number of Designated Agent: 888-362-4321

Facsimile Number of Designated Agent: 866-936-1855

Email Address of Designated Agent: info@medivo.com

Signature of Officer or Donnesentet	ive of the Designating Service Provider: Date: <u>JUNE 16/12</u>	
Typed or Printed Name and Title:	PICK CHUNG, SECRETARY	

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	Scanned JUL 2 0 2012

Mail the form to: Copyright I&R/Recordation P.O. Box 71537 Washington, DC 20024



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