

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

Full Legal Name of Service Provider: Abundant Health Resources, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Massage Technique Library, Hands On Healing, Healing Arts Institute, Dr. James Mally

Address of Service Provider: 7525 Auburn Blvd. #9, Citrus Heights, CA 95610

Name of Agent Designated to Receive Notification of Claimed Infringement: James R. Mally, N.D.

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):
7525 Auburn Blvd. #9
Citrus Heights, CA 95610

Telephone Number of Designated Agent: 916-725-3999

Facsimile Number of Designated Agent: 916-725-3889

Email Address of Designated Agent: jally@usa.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: Feb. 12, 2010

Typed or Printed Name and Title: James R. Mally - Director

SCANNED 2 24 - 2010

**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:
Copyright GC/RRP
P.O. Box 71537
Washington, DC 20024

\$105 -
30 -
\$135 -

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