

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

Full Legal Name of Service Provider: Ignite Health, LLC

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

Address of Service Provider: 8955 Research Dr., Irvine, CA 92618

Name of Agent Designated to Receive
Notification of Claimed Infringement: Sean Vassilaros

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):
8955 Research Dr., Irvine, CA 92618

Telephone Number of Designated Agent: 949-861-3257

Facsimile Number of Designated Agent: 949-861-3750

Email Address of Designated Agent: svassilaros@ignitehealth.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/10/2008

Typed or Printed Name and Title: Sean Vassilaros, VP Interactive Services

01-9-2009

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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