

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

Full Legal Name of Service Provider: InterCure, Ltd.

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

Address of Service Provider: 65 Broadway, Suite 904 NY, NY 10006

Name of Agent Designated to Receive Notification of Claimed Infringement: Zohara Sadan

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):

65 Broadway, Suite 904, NY, NY

Telephone Number of Designated Agent: 212-430-6500

Facsimile Number of Designated Agent: 212-430-3853

Email Address of Designated Agent: Zoharas@InterCure.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/2/00

Typed or Printed Name and Title: EREZ GAVISH
President & CEO

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

NOV 14 2000
COPYRIGHT OFFICE

