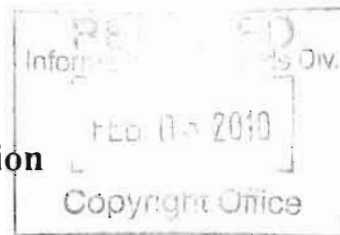


**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**



**Full Legal Name of Service Provider:** Exalenz Bioscience Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** www.exalenz.com, www.breathid.com, and  
www.helicobacterpyloritest.com

**Address of Service Provider:** 1313 N. Market St. Suite 5100, Wilmington, DE 19801

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Dennis Boyle

**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):  
Exalenz Bioscience Inc., 1313 N. Market St. Suite 5100, Wilmington, DE 19801

**Telephone Number of Designated Agent:** 1-888-EXALENZ

**Facsimile Number of Designated Agent:** n/a

**Email Address of Designated Agent:** contact@exalenz.com

**Signature of Officer or Representative of the Designating Service Provider:**  
[Signature] Date: February 1, 2010

**Typed or Printed Name and Title:** Jonathan M. Holda, Esq., Attorney for Agent

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**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024

