

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

Full Legal Name of Service Provider: ZebraHealth Inc.

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

Address of Service Provider: PO BOX 2475, Kirkland, WA 98083

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tony Zabel

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):
11007 Slater Ave NE, Kirkland, WA 98033

Telephone Number of Designated Agent: 425-354-4076

Facsimile Number of Designated Agent: 425-822-3443

Email Address of Designated Agent: Tony.Zabel@ZebraHealth.com

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature] Date: July 21, 2011

Typed or Printed Name and Title: Brian Goertz, CEO

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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AUG 11 2011

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