

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

**Full Legal Name of Service Provider:** Evidentia Health, Inc.

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

**Address of Service Provider:** 223 Park Avenue, Suite 203, Minneapolis MN 55415

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Harold Slawik

**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):  
Evidentia Health, Inc., 223 Park Avenue, Suite 203, Minneapolis MN 55415

**Telephone Number of Designated Agent:** 612.659.8442

**Facsimile Number of Designated Agent:** 612.659.8442

**Email Address of Designated Agent:** hslawik@newcounsel.com

**Signature of Designating Service Provider:** \_\_\_\_\_  
**Date:** 6/26/14

**Typed or Printed Name and Title:** Brent Backhaus, CTO

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



Scanned  
JUL 16 2014

Received  
JUL 02 2014  
Copyright Office