

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

**Full Legal Name of Service Provider:** FitStar Labs, Inc.

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

**Address of Service Provider:** 625 Second St, Suite 280 San Francisco, CA 94107

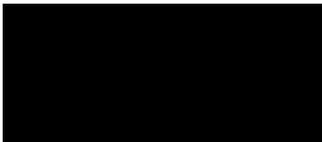
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Maser

**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): 625 Second St, Suite 280 San Francisco, CA 94107

**Telephone Number of Designated Agent:** 415-531-2758

**Facsimile Number of Designated Agent:** N/A

**Email Address of Designated Agent:** mmaser@fitstar.com



**\_\_\_\_\_** or Representative of the Designating Service Provider:  
Date: 2/28/13

**Typed or Printed Name and Title:** Michael Maser, CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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