

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

**Full Legal Name of Service Provider:** Glass Health Inc.

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

**Address of Service Provider:** 25 Sierra St., E303, San Francisco CA 94107

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jeremy Bluvol

**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):  
25 Sierra St., E303, San Francisco CA 94107

**Telephone Number of Designated Agent:** 650-450-7609

**Facsimile Number of Designated Agent:** -

**Email Address of Designated Agent:** Jeremy@bauxy.com



**Designating Service Provider:**  
**Date:** June 2nd, 2015

**Typed or Printed Name and Title:** Jeremy Bluvol, co-founder, COO

**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)**

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JUN 11 2015**

Mail the form to:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

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JUN 09 2015  
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