

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

Full Legal Name of Service Provider: HealthKeep, Inc.

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

Address of Service Provider: 119 Rocklnad Center, Suite 60 Nanuet NY 10954

Name of Agent Designated to Receive Notification of Claimed Infringement: Lyle Dennis

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):
119 Rockland Center, suite 60 Nanuet NY 10954

Telephone Number of Designated Agent: 888-546-1119

Facsimile Number of Designated Agent: 888-546-1119

Email Address of Designated Agent: lyle@healthkeep.com

Signature of Representative of the Designating Service Provider: _____
Date: 04/03/2013

Typed or Printed Name and Title: Lyle Dennis, 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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