

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

Full Legal Name of Service Provider: Health Mavens Inc.

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

Address of Service Provider: 845 Oak Grove Ave. Ste 110, Menlo Park, CA 94025

Name of Agent Designated to Receive Notification of Claimed Infringement: KARI BERQUIST

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):
845 Oak Grove Ave. Ste 110, Menlo Park, CA 94025

Telephone Number of Designated Agent: 650-353-0304 , 855-488-6556

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: kari@healthmavens.com



Representative of the Designating Service Provider: _____
Date: 4-12-14

Title: KARI BERQUIST , FOUNDER/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**

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