

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

**Full Legal Name of Service Provider:** Healthier Me LLC

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

**Address of Service Provider:** PO Box 670 Palm Harbor, FL 34682-0670

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Adam Z. Solomon

**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):  
149 Madison Avenue, Suite 805, New York, NY 10016

**Telephone Number of Designated Agent:** 212-683-9180 ext22

**Facsimile Number of Designated Agent:** 212-683-9181

**Email Address of Designated Agent:** adam@lustigmanfirm.com

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: 08/25/09

**Typed or Printed Name and Title:** Adam Z Solomon, Attorney

**SENNED 10 07-2009**

**Note: This Interim Designation Must be Accompanied by a \$80**

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024



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