

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

Full Legal Name of Service Provider: HealthLeap, LLC

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

Address of Service Provider: 477 Madison Avenue, Suite 1650, NY, NY 10022

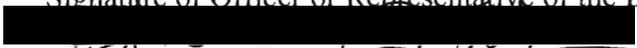
Name of Agent Designated to Receive
Notification of Claimed Infringement: Joanna J. Baker

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):
HealthLeap, 477 Madison Avenue, Suite 1650, NY, NY 10022

Telephone Number of Designated Agent: 646-863-7292 ext. 11

Facsimile Number of Designated Agent: 212-319-6316

Email Address of Designated Agent: joanna@healthleap.com

Signature of Officer or Representative of the Designating Service Provider:
 Date: 9/28/2009

Typed or Printed Name and Title: Joanna J. Baker

CEO + Co-Funder

SCANNED 11-2009

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

