

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

Full Legal Name of Service Provider: Healthy Interactions, Inc.

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

Address of Service Provider: 351 W. Hubbard Street, Suite 400 , Chicago, Illinois 60654

Name of Agent Designated to Receive Notification of Claimed Infringement: Jamie Russo

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):
351 W. Hubbard Street, Suite 400 , Chicago, Illinois 60654

Telephone Number of Designated Agent: 312.755.9901

Facsimile Number of Designated Agent: 312.755.9958

Email Address of Designated Agent: jrusso@healthyinteractions.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 6/17/10

Typed or Printed Name and Title: Jamie Russo
Director, Operations

**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 RRP
P.O. Box 71537
Washington, DC 20024



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