

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

Full Legal Name of Service Provider: INSIGNIA HEALTH, LLC

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

Address of Service Provider: 1521 Hunter Dr., WAYZATA, MN 55391

Name of Agent Designated to Receive Notification of Claimed Infringement: CRAIG SWANSON

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):
Same

Telephone Number of Designated Agent: 612 998-6216

Facsimile Number of Designated Agent: —

Email Address of Designated Agent: CSWANSON@INSIGNIAHEALTH.COM



representative of the Designating Service Provider:
Date: 1/4/12

Typed or Printed Name and Title: CRAIG B. SWANSON, President

**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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