

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

**Full Legal Name of Service Provider:** International Health Coach University Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** International Health Coach University, IHCU,  
internationalhealthcoachuniversity.com, ihcu.com

**Address of Service Provider:** 201 St. Charles Avenue, Suite 2500, New Orleans, LA 70170

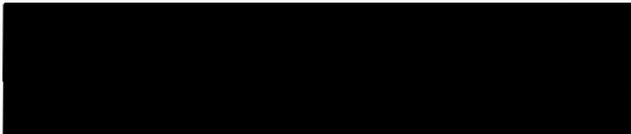
**Name of Agent Designated to Receive Notification of Claimed Infringement:** DMCA Takedown

**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):  
201 St. Charles Avenue, Suite 2500, New Orleans, LA 70170

**Telephone Number of Designated Agent:** 844-800-7095; 504-264-6705

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** dmca@ihcu.com



**The Designating Service Provider:**  
Date: 7/11/16

**Typed or Printed Name and Title:** Nora McCaffrey, Academic Dean

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

**SCANNED  
OCT 13 2016**

Received  
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