

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

**Full Legal Name of Service Provider:** Proliance Surgeons, Inc., P.S.

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

**Address of Service Provider:** 805 Madison Street, Suite 901, Seattle, WA 98104

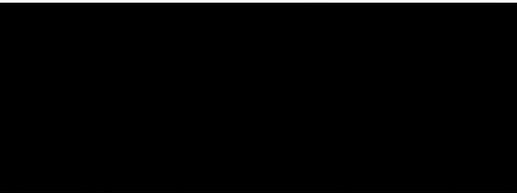
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Laura Kleisle

**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):  
805 Madison Street, Suite 901, Seattle, WA 98104

**Telephone Number of Designated Agent:** (206) 264-8100

**Facsimile Number of Designated Agent:** (206) 264-8689

**Email Address of Designated Agent:** l.kleisle@proliancesurgeons.com



**Signature of the Designating Service Provider:** \_\_\_\_\_

**Date:** 8/3/2015

**Name:** Dave Fitzgerald, Chief Executive Officer

**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  
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