

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
SIMPLETHERAPY LLC

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

**Address of Service Provider:** 17 S. Second St, Harrisburg, PA 17101

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Charles A. Hooker, Esq.

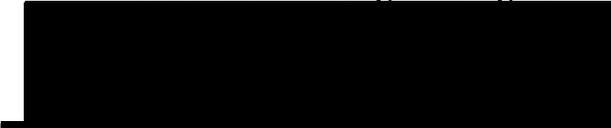
**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Hooker and Habib, P.C.  
100 Chestnut St Suite 304  
Harrisburg, PA 17101

**Telephone Number of Designated Agent:** 717-232-8771

**Facsimile Number of Designated Agent:** 717-232-8773

**Email Address of Designated Agent:** domainadministrator@h-hpc.com



**The Designating Service Provider:**  
Date: 9/16/13

**Title:** Andre Gaymo

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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