

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

Full Legal Name of Service Provider: Smart Patients, Inc.

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

Address of Service Provider: 1220 Pear Avenue #E, Mountain View, CA 94043

Name of Agent Designated to Receive Notification of Claimed Infringement: Roni Zeiger

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): 1220 Pear Avenue #E, Mountain View, CA 94043

Telephone Number of Designated Agent: (650) 996-9704

Facsimile Number of Designated Agent: (650) 425-9663

Email Address of Designated Agent: legal@smartpatients.com, roni@smartpatients.com

_____ or Representative of the Designating Service Provider:
Date: 12/23/2012

Typed or Printed Name and Title: Roni Zeiger, CEO

**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**

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