

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

Full Legal Name of Service Provider: Trace Genomics, Inc.

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

Address of Service Provider: 953 Indiana Street, San Francisco, CA 94107

Name of Agent Designated to Receive Notification of Claimed Infringement: Lisa Becker

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):
953 Indiana Street, San Francisco, CA 94107

Telephone Number of Designated Agent: (415)357.1848

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: lisa@tracegenomics.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 07 / 14 / 2016

Typed or Printed Name and Title: Lisa Becker, Operations Manager

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
AUG 04 2016**

**Received
JUL 21 2016
Copyright Office**

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