

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

Full Legal Name of Service Provider: Advancement Project, a California nonprofit
public benefit corporation

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

Address of Service Provider: 1541 Wilshire Boulevard, Suite 508, Los Angeles, CA 90017

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** John Kim, Co-Director

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): 1541 Wilshire Boulevard, Suite 508, Los Angeles, CA 90017

Telephone Number of Designated Agent: 213-989-1300

Facsimile Number of Designated Agent: 213-989-1309

Email Address of Designated Agent: john@healthycity.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/17/08

Typed or Printed Name and Title: John Kim, Co-Director

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

SCANNED 08 - 01 / 2008



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