Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: VIRTA Health Corp

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

Address of Service Provider: 535 Mission Street, 14th Floor, San Francisco CA 94105

Name of Agent Designated to Receive Notification of Claimed Infringement: Anand Parikh

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):
535 Mission Street, 14th Floor, San Francisco CA 94105

Telephone Number of Designated Agent: ~~None~~ 248 840 0105 AP

Facsimile Number of Designated Agent: None

Email Address of Designated Agent: anand@virtahealth.com

[redacted]ative of the Designating Service Provider:
[redacted] Date: 07/22/15

[redacted] Anand Parikh, Secretary

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

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