

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

Full Legal Name of Service Provider: Weller, Inc.

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

Address of Service Provider: 100 SW Market Street, M/S E12B, Portland, OR,
97201

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gary H Lau, 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):** 100 SW Market Street, M/S E12B, Portland, OR, 97201

Telephone Number of Designated Agent: 503 - 225-5338

Facsimile Number of Designated Agent: 503-225-5431

Email Address of Designated Agent: Gary.Lau@cambiahealth.com

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature]

Date: 9/23/13

Typed or Printed Name and Title: Gary H. Lau

**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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Copyright Office**

