

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

Full Legal Name of Service Provider: AgapeNutrition

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Agape Nutrition, Protocols for Health, NW Integrative Medicine

Address of Service Provider: 1200 N. 14th Avenue, Ste 245, Pasco, WA 99301

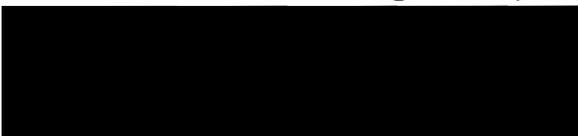
Name of Agent Designated to Receive Notification of Claimed Infringement: Stephen L. Smith, MD

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):
1200 N. 14th Avenue, Ste 245, Pasco, WA 99301

Telephone Number of Designated Agent: (509) 943-2101

Facsimile Number of Designated Agent: (509) 547-5983

Email Address of Designated Agent: stephenpmc@charter.net

 of the Designating Service Provider:
Date: 12/3/15

Typed or Printed Name and Title: Stephen L. Smith, MD

**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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