

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

Full Legal Name of Service Provider: CarePredict, Inc.

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

Address of Service Provider: 324 S. University Drive, Plantation, Florida USA 33324

Name of Agent Designated to Receive

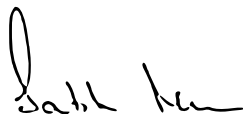
Notification of Claimed Infringement: SATISH MOVVA

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):

324 S. University Drive
Plantation, Florida
USA 33324

Telephone Number of Designated Agent: 800-608-7188 x500

Email Address of Designated Agent: info@carepredict.com



Signature of Officer or Representative of the Designating Service Provider:

Date: January 23rd, 2017

Typed or Printed Name and Title: SATISH MOVVA, PRESIDENT