

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

Full Legal Name of Service Provider: Medco Health Solutions, Inc.

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

Address of Service Provider: 100 Parsons Pond Drive, Franklin Lakes, NJ 07417

Name of Agent Designated to Receive
Notification of Claimed Infringement: Tom Feitel, Senior Vice President
e-Commerce, Business

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):

Medco Health Solutions, Inc., 100 Parsons Pond Drive
Franklin Lakes, NJ 07417 Attention: Tom Feitel, D3-MS1

Telephone Number of Designated Agent: (201) 269-6566

Facsimile Number of Designated Agent: (201) 269-1082

Email Address of Designated Agent: tom_feitel@medco.com
(formerly tom_feitel@medcohealth.com)

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: MEDCO HEALTH SOLUTIONS, INC. (JUNE 2003)

Signature _____ representative of the Designating Service Provider:
Date: 8/26/04

Typed or Printed Name and Title: Jack Smith
Senior Vice President, Chief Marketing Officer

Note: This Amended Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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RECEIVED

APR 05 2004

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