

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

**Full Legal Name of Service Provider:** MyMedwork, Inc.

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

**Address of Service Provider:** 1690 Sumneytown Pike, Suite 100, Lansdale, PA 19446

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Heather A. McGuire

**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):  
Copyright Agent, 1690 Sumneytown Pike, Suite 100, Lansdale, PA 19446

**Telephone Number of Designated Agent:** (215) 855-6951

**Facsimile Number of Designated Agent:** (215) 855-4741

**Email Address of Designated Agent:** copyright@mymedwork.com

**Signature of Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** November 9, 2005

**Typed or Printed Name and Title:** Heather A. McGuire, Chief Operating Officer

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

SCANNED 11/25/05



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