

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

Full Legal Name of Service Provider: Mywellness Network Corp.

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

Address of Service Provider: 830 Fourth Ave. S., Ste 300,
Seattle, WA 98134

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Terrence A. Donofrio

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):

Mywellness Network Corp., 830 Fourth Ave. S., Ste 300,
Seattle, Washington 98134. Attn: Terrence A. Donofrio

Telephone Number of Designated Agent: (206) 621-8564

Facsimile Number of Designated Agent: (206) 623-1898

Email Address of Designated Agent: Copyright@Mywellness.com

Signature of _____ **ntative of the Designating Service Provider:**
Date: 4/25/00

Typed or Printed Name and Title: Rick L. Leitner, Stratton Ballew PLLC
Attorneys for Mywellness Network Corp.

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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