

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

Full Legal Name of Service Provider: Laurence Altshuler, M.D., P.C.

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

Address of Service Provider: 2520 N.W. Expressway, Oklahoma City, OK 73112

Name of Agent Designated to Receive Notification of Claimed Infringement: Claudia Altshuler

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):
2520 N.W. Expressway, Oklahoma City, OK 73112

Telephone Number of Designated Agent: (405) 942-1725

Facsimile Number of Designated Agent: (405) 942-5447

Email Address of Designated Agent: caltshuler@balancedhealing.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/30/02

Typed or Printed Name and Title: Claudia Altshuler, Administrator

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

RECEIVED

JUN 10 2002

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