

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

Full Legal Name of Service Provider: Medication Management Systems, Inc.

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

Address of Service Provider: P.O. Box 271025 Golden Valley, MN 55427

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Cipolle

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):
6465 Wayzata Boulevard Suite 970 St. Louis Park, MN 55426

Telephone Number of Designated Agent: 952-746-8185

Facsimile Number of Designated Agent: 952-746-8187

Email Address of Designated Agent: bcipolle1@medsmanagement.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: January 8, 2009

Typed or Printed Name and Title: Nathan J. Schultz, President and COO

SCANNED 02 20-2009

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



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