

ATTACHMENT B

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

Full Legal Name of Service Provider:

TogetherMD, LLC

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

N/A

Name of Agent Designated to Receive Notification of Claimed Infringement:

Kevin Byrne

Full Address of Designated Agent to which Notification Should be Sent:


TogetherMD, LLC
1777 South Harrison St., Suite 1110
Denver, CO 80210

Telephone Number of Designated Agent: 303-758-8400

Facsimile Number of Designated Agent: 800-508-0640

Email Address of Designated Agent: copyright@TogetherMD.com

Signature of Officer or Representative of the Designating Service Provider:


Kevin Byrne, President

Date: 12-1-08

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

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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