Interim Designation of Agent to Receive Notification of Claimed Infringement

	2
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Consumer Aware	
Address of Service Provider: PO Box 64560, N214 St. Paul, MN 55164-0.	560
Refer to the termination of the	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name of Agent Designated to Receive Notification of Claimed Infringement: T. L. Young	
Full Address of Designated Agent to which Notification Should be Se or similar designation is not acceptable except where it is the only address that can be used i location): 1750 Yankee Doodle Rd, Rte. N214 Eagan, MN 55121	nt (a P.O. Box n the geographic
Telephone Number of Designated Agent: 651-662-9706	
Facsimile Number of Designated Agent: 651-662-1942	
Email Address of Designated Agent: info@thehealthcarescoop.com	
Signature of Officer or Representative of the Designating Service Provid	
Typed or Printed Name and Title: Terri Simon, Chief Op Care Delitry Management, Inc.	erations Off

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Made Payable to the Register of Copyrights.

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