

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

Full Legal Name of Service Provider: Sage Software Healthcare, Inc.

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

Address of Service Provider: 56 Technology Drive, Irvine, California 92618

Name of Agent Designated to Receive
Notification of Claimed Infringement: Chanette Armstrong

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):
Sage Software Healthcare, Inc., 56 Technology Drive, Irvine, California 92618

Telephone Number of Designated Agent: (949) 753-1222

Facsimile Number of Designated Agent: (949) 753-1911

Email Address of Designated Agent: chanette.armstrong@sage.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: October 25, 2007

Typed or Printed Name and Title: Chanette Armstrong, Senior Corporate Counsel

SCANNED 11-08/2007

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



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