

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

Full Legal Name of Service Provider: OEM Health Information, Inc.

Alternate Name(s) of Service Provider (including all names under which the service provider is doing business: OEM Press

Address of Service Provider: 8 West Street, Beverly Farms, MA 01915

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Curtis Vouwie

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: OEM Health Information, Inc, 8 West Street, Beverly Farms, MA 01915

Telephone Number of Designated Agent: 978-921-7300

Facsimile Number of Designated Agent: 978-921-0304

Email Address of Designated Agent: Curtis@oempres.com

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: *January 24, 2006*

Typed or Printed Name and Title: Curtis R. Vouwie/President

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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