

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

Full Legal Name of Service Provider: HealthGate Data Corp.

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

Address of Service Provider: 25 Corporate Drive, Suite 310, Burlington, Massachusetts 01803

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Rick Lawson

**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):**

25 Corporate Drive, Suite 310, Burlington, Massachusetts 01803

Telephone Number of Designated Agent: 781-685-4012

Facsimile Number of Designated Agent: 781-685-4040

Email Address of Designated Agent: lawson@healthgate.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/24/00

Typed or Printed Name and Title: RICK LAWSON
VICE PRESIDENT AND SECRETARY

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

114166053



RECEIVED

MAY 30 2000
COPYRIGHT OFFICE