

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

Full Legal Name of Service Provider: Health Mart Systems, Inc.

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

Address of Service Provider: One Post Street, San Francisco, CA 94104

Name of Agent Designated to Receive
Notification of Claimed Infringement: Nina Steinman

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):
McKesson Corporation, Law Department, 33rd floor, San Francisco, CA 94104

Telephone Number of Designated Agent: 415-983-8323

Facsimile Number of Designated Agent: 415-983-9369

Email Address of Designated Agent: lawdepartment@mckesson.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: February 25, 2009

Typed or Printed Name and Title: Willie C. Bogan, Vice President and Secretary

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

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