

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Life Med Marketing, LLC

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

Address of Service Provider: 15 Ketchum Street, Westport, CT 06880

Name of Agent Designated to Receive Notification of Claimed Infringement: Richard Glosser

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): dLife, a service of Life Med Marketing, LLC, 15 Ketchum Street, Westport, CT 06880

Telephone Number of Designated Agent: 203-221-3442

Facsimile Number of Designated Agent: 203-454-6986

Email Address of Designated Agent: glosser@dlife.com

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 2/22/05

Typed or Printed Name and Title: Richard Glosser, Executive Vice President

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

SCANNED 2 / 23 / 05

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FEB 22 2005

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