

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

Full Legal Name of Service Provider: ARTHRITIS CENTRAL INVESTMENT PROCEDURES, LTD.

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

Address of Service Provider: 10130 HUEBNER ROAD, SAN ANTONIO, TEXAS, 78240

Name of Agent Designated to Receive Notification of Claimed Infringement: DR JOEL RUTSTEIN

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):
10130 HUEBNER ROAD, SAN ANTONIO, TEXAS, 78240

Telephone Number of Designated Agent: (210) 640-8067

Facsimile Number of Designated Agent: (210) 640-8581

Email Address of Designated Agent: jrutstein@worldnet.att.net

Signature of Representative of the Designating Service Provider: _____
Date: 3/26/01

Typed or Printed Name and Title: JOEL RUTSTEIN MD. PRESIDENT

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

RECEIVED

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