Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: CHA+ColTral InsicHTS-Con
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ClinicalTrialInsights.com.
Address of Service Provider: One Research Drive, Svite 400 A, Westburgh, MA OI
Name of Agent Designated to Receive Notification of Claimed Infringement: Craig Farcell
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): One Research Drive S. te 460 A West paragram MA OISEI
Telephone Number of Designated Agent: 508 - 616-550 x ZZZ
Facsimile Number of Designated Agent: 508 - 616 - 5533
Email Address of Designated Agent: Crang famell @ Honforma, Com
Date: 7/28/05
Typed or Printed Name and Title: Craig Farrell, CFO

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

SCANNED 9/13/05

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