

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

Full Legal Name of Service Provider: Care Providers of Minnesota, Inc.

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

Address of Service Provider: 7581 Metro Parkway, Suite 200, Bloomington, MN 55425

Name of Agent Designated to Receive Notification of Claimed Infringement: Jonathan Lips

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):

Care Providers of Minnesota, 7851 Metro Parkway, Suite Bloomington, MN 55425

Telephone Number of Designated Agent: 952 854 2844

Facsimile Number of Designated Agent: 952 854 6214

Email Address of Designated Agent: jlips@careproviders.org

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Care Providers of Minnesota / July 14, 1999

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_ Date: 10-13-06

Typed or Printed Name and Title: Jonathan Lips  
Director of Legal Affairs

SCANNED 11 22-2006

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



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