

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

**Full Legal Name of Service Provider:** ClinicalHealth, Inc.

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

**Address of Service Provider:** 2200 Wilson Blvd., Suite 800, Arlington, VA 22201

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Amir Lewkowicz

**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):  
2200 Wilson Blvd., Suite 800, Arlington VA 22201

**Telephone Number of Designated Agent:** (703) 243-0303

**Facsimile Number of Designated Agent:** (202) 478-0377

**Email Address of Designated Agent:** amir@clinicahealth.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: June 8, 2007

**Typed or Printed Name and Title:** Amir Lewkowicz, Vice President of Business Development

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



**RECEIVED**

JUN 12 2007  
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