

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

Full Legal Name of Service Provider: Continuing Medical Education, Incorporated

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

Address of Service Provider: 600 Harrison St., San Francisco, CA 94107

Name of Agent Designated to Receive
Notification of Claimed Infringement: Alexandra Raine, VP, CMP Media LLC

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):
CMP Media LLC
600 Community Drive, Manhasset, New York 11030

Telephone Number of Designated Agent: (516) 562-5000

Facsimile Number of Designated Agent: (516) 562-7123

Email Address of Designated Agent: feedback@cmp.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: December 18, 2003

Typed or Printed Name and Title: Sandra Grayson
Vice President and General Counsel

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

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

Full Legal Name of Service Provider: Legacy Medical, LLC

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

Address of Service Provider: 600 Harrison St., San Francisco, CA 94107

Name of Agent Designated to Receive
Notification of Claimed Infringement: Alexandra Raine, VP, CMP Media LLC

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):
CMP Media LLC
600 Community Drive, Manhasset, New York 11030

Telephone Number of Designated Agent: (516) 562-5000

Facsimile Number of Designated Agent: (516) 562-7123

Email Address of Designated Agent: feedback@cmp.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: December 18, 2003

Typed or Printed Name and Title: John Day
Vice President

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

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

Full Legal Name of Service Provider: San Francisco Healthcare LLC

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

Address of Service Provider: 600 Harrison St., San Francisco, CA 94107

Name of Agent Designated to Receive
Notification of Claimed Infringement: Alexandra Raine, VP, CMP Media LLC

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):
CMP Media LLC
600 Community Drive, Manhasset, New York 11030

Telephone Number of Designated Agent: (516) 562-5000

Facsimile Number of Designated Agent: (516) 562-7123

Email Address of Designated Agent: feedback@cmp.com

Signature of Officer or Representative of the Designating Service Provider:
Date: December 18, 2003

Typed or Printed Name and Title: John Day
Vice President

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