

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

Full Legal Name of Service Provider: A-Life Medical, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ACTUS, Alacer, A-life Hospital Coding, COAudit, CODENIRECT, RECOVERIT, CODEIT

Address of Service Provider: 6195 Lusk Blvd, Suite 120, San Diego, CA 92121

Name of Agent Designated to Receive Notification of Claimed Infringement: Fish+Richardson P.C. c/o Lisa Martens

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): 12390 El Camino Real, San Diego, CA 92130

Telephone Number of Designated Agent: (858) 678-4729

Facsimile Number of Designated Agent: (858) 678-5099

Email Address of Designated Agent: martens@fr.com

Signature of Officer or Representative of the Designating Service Provider: [Redacted] Date: 10/5/09

Typed or Printed Name and Title: Jaye Connolly
COO/CFO

SCANNED 11 05 - 2009

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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