

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

Full Legal Name of Service Provider: Best Nursing Degree, LLC

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

Address of Service Provider: 305 Cambridge St. #2, Cambridge MA 02141

Name of Agent Designated to Receive Notification of Claimed Infringement: David Cappillo

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):
Goodwin Procter LLP, Exchange Place, 53 State Street, Boston MA 02109

Telephone Number of Designated Agent: 617-570-1000

Facsimile Number of Designated Agent: 617-523-1231

Email Address of Designated Agent: dcappillo@goodwinprocter.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/24/08

Typed or Printed Name and Title: Joseph Deal
President, Best Nursing Degree, LLC

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

SCANNED 10/07-2008

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