

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

**Full Legal Name of Service Provider:** Care Connexions, Inc.

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

**Address of Service Provider:** 12 East Palisades Avenue, Englewood, NJ 07631

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** David Hodges

**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):**  
12 East Palisades Avenue, Englewood, NJ 07631

**Telephone Number of Designated Agent:** 201-306-1018

**Facsimile Number of Designated Agent:** 201-816-9242

**Email Address of Designated Agent:** David.Hodges@careconnexions.com

**Signature of Officer** Representative of the Designating Service Provider:

**Date:** 3/14/03

**Typed or Printed Name and Title:** David Hodges, President

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

**RECEIVED**

MAR 17 2003

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