

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

Full Legal Name of Service Provider: CareZen, Inc.

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

Address of Service Provider: 1400 Main Street, Waltham, MA 02451

Name of Agent Designated to Receive Notification of Claimed Infringement: Copyright Agent, Legal Department, CareZen, Inc.

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):

Copyright Agent, Legal Department, CareZen, Inc., 1400 Main St., Waltham MA 02451

Telephone Number of Designated Agent: 781-642-5900

Facsimile Number of Designated Agent: 781-899-1294

Email Address of Designated Agent: copyright@carezen.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 2/14/07

Typed or Printed Name and Title: SHEILA MARCELO, CEO

SCANNED 03 21 - 2007

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

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