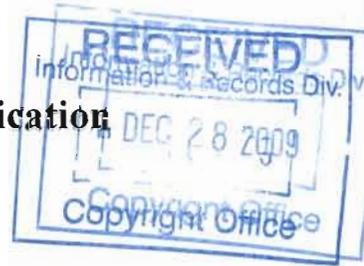


**Amended Interim Designation of Agent to Receive Notification
of Claimed Infringement**



Full Legal Name of Service Provider: CaringBridge

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

Address of Service Provider: 1715 Yankee Doodle Road, Suite 301, Eagan, MN 55121

Name of Agent Designated to Receive Notification of Claimed Infringement: Sona Mehring

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):
1715 Yankee Doodle Road, Suite 301
Eagan, MN 55121

Telephone Number of Designated Agent: 651-452-7940

Facsimile Number of Designated Agent: 651-681-7115

Email Address of Designated Agent: sona@caringbridge.org

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: CaringBridge Signed: 08/01/2004 Received: 08/17/2004 Copyright Office

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/19/09

Typed or Printed Name and Title: Sona Mehring, Executive Director

SCANNED

1 15-2010

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

*Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html

Mail the form to:

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

