

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

Full Legal Name of Service Provider: Catalyst Mail

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

Address of Service Provider: 5701 Hillsborough Avenue, Suite 1300, Tampa, Florida 33610

Name of Agent Designated to Receive Notification of Claimed Infringement: Tom Feitel, Senior Vice President, e-Commerce

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):
Medco Health Solutions, Inc., 100 Parsons Pond Drive, Franklin Lakes, NJ 07417 Attention: Tom Feitel, D3-MST

Telephone Number of Designated Agent: (201) 269-6566

Facsimile Number of Designated Agent: (201) 269-1082

Email Address of Designated Agent: tom_feitel@medco.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12-6-10

Typed or Printed Name and Title: Tom Feitel, Senior Vice President, Chief Web Officer

**Note: This 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**

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