

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: DoctorsCafe.com, LLC

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

Address of Service Provider: 22 Grandview Rd, Windham, NH 03087

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Glenn Livingston, Managing Partner

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):

22 Grandview Rd.
Windham, NH 03087

Telephone Number of Designated Agent: 603 437 5489

Facsimile Number of Designated Agent: 516 706 0475

Email Address of Designated Agent: glenn1@tgonline.com

Signature of Designated Agent or Representative of the Designating Service Provider: _____

Date: 2/6/07

Typed or Printed Name and Title: Dr. Glenn Livingston,
Managing Partnership

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

SCANNED 02 20-2007



RECEIVED

FEB 09 2007

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