

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

Full Legal Name of Service Provider: Emerge.MD, Inc.

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

Address of Service Provider: 5025 N. Central Ave., Suite 486, Phoenix, AZ 85012

Name of Agent Designated to Receive Notification of Claimed Infringement: Eric V. Trappen

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):
5025 N. Central Ave., Suite 486, Phoenix, AZ 85012

Telephone Number of Designated Agent: 216-236-3743

Facsimile Number of Designated Agent: 480-269-9922

Email Address of Designated Agent: etrappen@emergemd.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/12/2011

Typed or Printed Name and Title: Eric V. Trappen

**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**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



Received
FEB 08 2011