

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

Full Legal Name of Service Provider: The Evercare Company

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

Address of Service Provider: 3440 Preston Ridge Rd. Suite 650, Alpharetta, GA 30005


Name of Agent Designated to Receive Notification of Claimed Infringement: Lakmini Rouse

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):
3440 Preston Ridge Rd. Suite 650, Alpharetta, GA 30005

Telephone Number of Designated Agent: 770-570-5048

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: lrouse@onecareco.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 07/07/2010

Typed or Printed Name and Title: Lakmini Rouse - Sales Analyst

**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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