

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

Full Legal Name of Service Provider: HealthPartners, Inc.

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

Address of Service Provider: 8170 33rd Ave. S, Bloomington, MN 55425

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Shannon Beaudin Klein

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):  
8170 33rd Ave. S, Mail Stop 21105M, Bloomington, MN 55425

Telephone Number of Designated Agent: 952-883-5331

Facsimile Number of Designated Agent: 952-883-6270

Email Address of Designated Agent: shannon.b.klein@healthpartners.com

Signature of Officer or Representative of the Designating Service Provider:  
[Signature] Date: 12/22/2008

Typed or Printed Name and Title: Shannon Beaudin Klein,  
Vice President, Marketing and Communications

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

Mail the form to:

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

SCANNED 01-9-2009

RECEIVED

DEC 30 2008  
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