

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

Full Legal Name of Service Provider: HealthCite.com

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

Address of Service Provider: 321 N. Clark Street, Suite 970, Chicago, IL 60610

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Michael P. Leach

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):
321 N. Clark Street, Suite 970, Chicago, IL 60610

Telephone Number of Designated Agent: 312-494-9030

Facsimile Number of Designated Agent: 312-494-9034

Email Address of Designated Agent: copyright@healthcite.com

Signature of Officer or Representative of the Designating Service Provider:
Date: August 10, 2000

Typed or Printed Name and Title: Michael P. Leach, Chief Financial Officer

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

AUG 15 2000

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