Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Healthcare Travel Book. com	
Address o	Service Provider: 11675 Rainwater Drive, Suite 42
NT	Agent Designated to Receive Wesley Her dlein
or similar des location):	ess of Designated Agent to which Notification Should be Sent (a P.O. Box ignation is not acceptable except where it is the only address that can be used in the geographic 1804 fackfield Drive Austin, TX 78758 Number of Designated Agent: 770 500 8568
Facsimile	Number of Designated Agent: Ø
Email Add	iress of Designated Agent: herdlein @ mindspring, com
Signature o	of Officer or Representative of the Designating Service Provider: Date: 9/27/08
-	rinted Name and Title: liesley Herdlein Owner



Made Payable to the Register of Copyrights.

Same D

