

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Liberty Medical Supply, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Liberty Medical Supply, Inc.

Address of Service Provider: 10045 S. Federal Highway, Port St Lucie, FL 34952

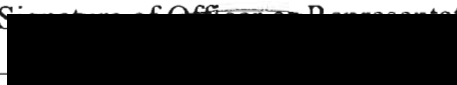
Name of Agent Designated to Receive Notification of Claimed Infringement: Joseph Wall

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):
10045 S. Federal Highway, Port St. Lucie, FL 34952

Telephone Number of Designated Agent: 772.348.5745

Facsimile Number of Designated Agent: 772.337.6881

Email Address of Designated Agent: joseph.wall@libertymedical.com

Signature of Representative of the Designating Service Provider:
 Date: 11.19.2011

Typed or Printed Name and Title: Frank Harvey, Chief Marketing Officer

**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



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