

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

Full Legal Name of Service Provider: M/C COMMUNICATIONS, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): PRI-MED, PRI-MED INSTITUTE

Address of Service Provider: 380 STUART ST, BOSTON MA 02116

Name of Agent Designated to Receive Notification of Claimed Infringement: LYNN LONG

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):
380 STUART ST, BOSTON MA 02116

Telephone Number of Designated Agent: 617-406-4006

Facsimile Number of Designated Agent: 617-406-4106

Email Address of Designated Agent: LLong@MC-COMM.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/31/04

Typed or Printed Name and Title: Lynn K. Long
CEO

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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