

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

Full Legal Name of Service Provider: McKesson Corporation

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

Address of Service Provider: 5995 Windward Pkwy, Alpharetta, GA 30005

Name of Agent Designated to Receive Notification of Claimed Infringement: Colin S. Wright

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):
5995 Windward Pkwy, Alpharetta, GA 30005

Telephone Number of Designated Agent: (404) 338-6000

Facsimile Number of Designated Agent: (404) 338-5138

Email Address of Designated Agent: CopyrightRequests@mckesson.com

[Redacted] Designating Service Provider:
Date: January 18, 2013

Typed or Printed Name and Title: Colin S. Wright, Counsel, Intellectual Property

**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**

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MAR 15 2013

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FEB 25 2013
Copyright Office

