

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

Full Legal Name of Service Provider: Medco Health Solutions, Inc.

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

Address of Service Provider: 100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

Name of Agent Designated to Receive Notification of Claimed Infringement: Amy Foley, VP, e-Commerce

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):
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417, Mail Stop D3-MS1

Telephone Number of Designated Agent: 201-269-4483

Facsimile Number of Designated Agent: 201-269-1082

Email Address of Designated Agent: amy_foley@medco.com



Representative of the Designating Service Provider: _____
Date: 5/9/12

and Title: Larry Zarin, SVP, Marketing & Communications

**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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