

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

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Full Legal Name of Service Provider: MEDePass, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 221 Main Street, 3rd Floor, San Francisco, CA 94105

**Name of Agent Designated to Receive
Notification of Claimed Infringement: Steven M. Fleisher**

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):

221 Main Street, 3rd Floor, San Francisco, CA 94105

Telephone Number of Designated Agent: (415) 882-5159

Facsimile Number of Designated Agent: (415) 882-4153

Email Address of Designated Agent: sfleisher@medepass.com

Signature of Officer or Representative of Designating Service Provider:

Date: 10/25/00

Catherine C. Roth
Chief Executive Officer

11818912



Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.