Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: NEAS Inc.
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): NEAS, Care Partners, Care Partners Coac hing
Address of Service Provider: N17 W 24100 Riverwood Drive Suite 300
Wavkesha, WI 53188 Name of Agent Designated to Receive Notification of Claimed Infringement: MS, Carol Barr
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): N17 W24100 Riverwood Drive, Juite 300 Waukes ha, LUT 53188
Telephone Number of Designated Agent: 262-574-2500
Facsimile Number of Designated Agent: 262 - 523 - 0093
Email Address of Designated Agent: Charraneas-Com
Signature of Officer or Representative of the Designating Service Provider: Date: 1/5/10
Typed or Printed Name and Title: Carol Sarr, Vice Yesident, Finance
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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