

Copyright Office
SEP 14 2010
162689959

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

Full Legal Name of Service Provider: Wellsphere, Inc.

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

Address of Service Provider: 2300 Wilson Boulevard, Suite 600, Arlington, VA 22201

Name of Agent Designated to Receive Notification of Claimed Infringement: Alexander Baldwin

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):
c/o The Healthcentral Network, Inc., 2300 Wilson Boulevard, Suite 600, Arlington, VA 22201

Telephone Number of Designated Agent: (703) 302-1054

Facsimile Number of Designated Agent: 1-800-341-6272

Email Address of Designated Agent: copyright@healthcentral.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/9/10

Typed or Printed Name and Title: Alexander Baldwin, Vice President and Secretary

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**

Mail the form to:
Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



Scanned
SEP 14 2010
Received
SEP 14 2010
Copyright Office