

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

Full Legal Name of Service Provider: EMP MANAGEMENT GROUP, LTD.

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

Address of Service Provider: 4535 DRESSLER RD. NW., CANTON, OH 44718

Name of Agent Designated to Receive Notification of Claimed Infringement: DOMINIC J. BAGNOLI JR., M.D.

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):
4535 DRESSLER RD. NW., CANTON, OH. 44718

Telephone Number of Designated Agent: 330.493.4443

Facsimile Number of Designated Agent: 330.493.8677

Email Address of Designated Agent: djbagnoli@emp.com

Signature _____ **ive of the Designating Service Provider:**
Date: 3.30.01

Typed or Printed Name and Title: DOMINIC J. BAGNOLI JR., M.D.
CHIEF OPERATING OFFICER

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

120685044



120685044

RECEIVED

APR 04 2001

COPYRIGHT OFFICE