

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

Full Legal Name of Service Provider: My Mail Pharmacy

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

Address of Service Provider: 5701 Hillsborough Avenue, Suite 1300, Tampa, FL 33610

Name of Agent Designated to Receive Notification of Claimed Infringement: Tom Feitel, Senior 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):
Medco Health Solutions, Inc., 100 Parsons Pond Dr., Franklin Lakes, NJ 07417 Attn: Tom Feitel D3-MS1

Telephone Number of Designated Agent: (201) 269-6566

Facsimile Number of Designated Agent: (201) 269-1082

Email Address of Designated Agent: tom_feitel@medco.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: _____

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12-14-10

Typed or Printed Name and Title: Tom Feitel, Senior VP, Chief Web Officer

Note: This Amended 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/RRP
P.O. Box 71537
Washington, DC 20024

