

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Medsphere Systems Corporation

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

Address of Service Provider: 1917 Palomar Oaks Way, Suite 200 Carlsbad, CA 92008

Name of Agent Designated to Receive Notification of Claimed Infringement: Mark A. Czepiel

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):
1917 Palomar Oaks Way, Suite 200 Carlsbad, CA 92008

Telephone Number of Designated Agent: 760-692-3705

Facsimile Number of Designated Agent: 760-683-3701

Email Address of Designated Agent: mark.czepiel@medsphere.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/28/2008

Typed or Printed Name and Title: Mark A. Czepiel Vice President, Finance

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 09 / 11 - 2008

RECEIVED

SEP 02 2008

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