

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

Full Legal Name of Service Provider: Opus Healthcare Solutions, LLC

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

Address of Service Provider: 12301-B Riata Trace Parkway, Suite 200, Austin, TX 78727

Name of Agent Designated to Receive Notification of Claimed Infringement: Amanda Ocheltree

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):
NextGen Healthcare Information Systems, Inc. 795 Horsham Road, Horsham, PA 19044

Telephone Number of Designated Agent: 215-657-7010

Facsimile Number of Designated Agent: 267-960-6182

Email Address of Designated Agent: legal@nextgen.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/13/11

Typed or Printed Name and Title: Bob Ellis, EVP and General Counsel

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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