



Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: The Healthcentral Network, 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, Virginia 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, Virginia 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

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: Choice Media, Inc. 10/21/2005

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

Typed or Printed Name and Title: Alexander Baldwin, Executive Vice President and General Counsel, The Healthcentral Network, Inc .

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 GCI&R
P.O. Box 70400
Washington, DC 20024



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SEP 24 2010

SEP 14 2010