

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

Full Legal Name of Service Provider: OPEN HEALTH TOOLS, INC.

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

Address of Service Provider: P.O. Box 258  
825-C MERRIMON AVE  
ASHEVILLE, NC. USA 28804

Name of Agent Designated to Receive Notification of Claimed Infringement: HARRY McBAUGHNEY

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):  
SAME AS ABOVE

Telephone Number of Designated Agent: 919-349-3726

Facsimile Number of Designated Agent: 828-707-9508

Email Address of Designated Agent: SKIP@OPENHEALTHTOOLS.ORG

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: 14 JAN 2009

Typed or Printed Name and Title: HARRY McBAUGHNEY  
Executive Director, OPEN HEALTH TOOLS, INC

SCANNED 02 02-2009

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

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400

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RECEIVED

JAN 21 2009