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Full Legal Name of Service Provider: Brigham Community Practices

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

Name of Agent Designated to Receive Notification of Claimed Infringement:
Robert Pappagianopoulos, Corporate Director, Technical Services and Operations

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):

Partners Healthcare System, Inc., One Constitution Center, Information Systems,
2nd floor, Charlestown, MA 02129

Telephone Number of Designated Agent: (617) 726-5450

Facsimile Number of Designated Agent: (617) 726-5606

Email Address of Designated Agent: dmca-agent@Partners.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 12/5/03

Typed or Printed Name and Title:

John P. Glaser, V.P/ Chief Information Officer, Partners Healthcare System, Inc.

Note: This Interim Designation Must be accompanied by a \$30.00 Filing Fee Made Payable to the Register of Copyrights.

Information Systems

Partners HealthCare System, Inc., One Constitution Center, 2nd Floor, Charlestown, MA 02129