

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

Full Legal Name of Service Provider: Washington Alliance for Healthcare Insurance Trust

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): WAHIT, WAHIT.com, WAHIT.net, WAHIT.org

Address of Service Provider: 220 West Mercer Street, Suite 400, Seattle, WA 98119

Name of Agent Designated to Receive Notification of Claimed Infringement: Richard A. Ekman

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):
220 West Mercer Street, Suite 400
Seattle, WA 98119

Telephone Number of Designated Agent: 206-282-8221

Facsimile Number of Designated Agent: 206-285-4587

Email Address of Designated Agent: ekman@ekmanbohrer.com

Signature of _____ of the Designating Service Provider:
Date: November 1, 2002

Typed or Printed Name and Title: F. Bentley Lovejoy, Trustee

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

NOV 25 2002

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