

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

**Full Legal Name of Service Provider:** Wake Forest University Baptist Medical Center

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Wake Forest University School of Medicine, North Carolina Baptist Hospitals, Inc.

**Address of Service Provider:** Medical Center Boulevard, Winston-Salem, NC 27157

**Name of Agent Designated to Receive Notification of Claimed Infringement:** PAUL M. LoRusso

**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):**

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER  
MEDICAL CENTER BLVD., WINSTON-SALEM, NC 27157

**Telephone Number of Designated Agent:** 336-716-3781

**Facsimile Number of Designated Agent:** 336-716-7112

**Email Address of Designated Agent:** plorusso@wfu-bmc.edu

**representative of the Designating Service Provider:** \_\_\_\_\_  
: 8/20/99

**Typed or Printed Name and Title:** Paul LoRusso, VP/Associate Dean and CIO

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights**

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**RECEIVED**

**AUG 31 1999,  
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