

Interim Designation of Agent to Receive Notification
of Claimed Infringement

1000

Full Legal Name of Service Provider: SSM Health Care

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

Address of Service Provider: 477 North Lindbergh Blvd.

Name of Agent Designated to Receive Notification of Claimed Infringement: Suzy Farren

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):

SSM HealthCare, 477 North Lindbergh Blvd,
St. Louis, MO 63141

Telephone Number of Designated Agent: 314-994-7800 314-994-7916

Facsimile Number of Designated Agent: 314-994-7900

Email Address of Designated Agent: suzy_farren@ssmha.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 12.12.07

Typed or Printed Name and Title: Suzy Farren
Corporate Vice President - Communications

SCANNED 01-22/2008

Note: This 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
Washington, DC 20024

RECEIVED	
DEC 19 2007	
COPYRIGHT OFFICE	



163613012