

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

Full Legal Name of Service Provider: HAYS MEDICAL CENTER

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): HIGH PLAINS MEDICAL INFORMATION NETWORK

Address of Service Provider: 2220 CANTERBURY - PO BOX 8100
HAYS KS

Name of Agent Designated to Receive Notification of Claimed Infringement: KEN ABENDSHIEN

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): PO BOX 8100 HAYS KS 67601

Telephone Number of Designated Agent: 785.623.2265

Facsimile Number of Designated Agent: 785.623.5030

Email Address of Designated Agent: kabendsh@haysmed.com

is Designating Service Provider:

Date: 7/23/01

Typed or Printed Name and Title: KEN ABENDSHIEN
ADMINISTRATIVE DIRECTOR OF INFORMATION SYSTEMS

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

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