Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Group Health Cooperative

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Group Health options, Inc.

Address of Service Provider: 521 Wall Street, Seattle WA 98121

Name of Agent Designated to Receive Notification of Claimed Infringement: Rick Woods, Corporate Secretary

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):
521 Wall Street
Seattle, WA 98121

Telephone Number of Designated Agent: 206 · 448 · 6155

Facsimile Number of Designated Agent: 206 · 448 · 6134

Email Address of Designated Agent: woods.r@ghc.org

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 6-6-03

Typed or Printed Name and Title: Rick Woods, Corporate Secretary

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

RECEIVED
JUN 24 2003
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