

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT**

Note: This Interim Designation must be accompanied by a \$30 filing fee made payable to the *Register of Copyrights*. Please mail this form to: Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

Full Legal Name of Service Provider: John C. Lincoln Health Network

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

Address of Service Provider: 9108 N. 3rd St., Phoenix, AZ 85020

Name of Agent Designated to Receive Notification of Claimed Infringement:
Michelle Wilson, Community Development Coordinator

Full Address of Designated Agent to which Notification Should be Sent:
(Please ensure you are using a street address and not a PO Box when including the address of your Copyright Agent)
9108 N. 3rd St., Phoenix, AZ 85020

Telephone Number of Designated Agent: 602.870.6060 x1174

Facsimile Number of Designated Agent: 602.944.8062

Email Address of Designated Agent: mwilso@jcl.com

RECEIVED
OCT 31 2002
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Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/11/02

Typed/Printed Name and Title:
Name: Cindy Hallman
Title: Director of Community Development

