

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

Full Legal Name of Service Provider: CHA HMO, Inc. (A Kentucky Corporation dba
CHA Health)

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

Address of Service Provider: ★ 300 West Vine, Fl. 16 Lexington, KY 40507
PO BOX 23468: Lexington, KY 40523

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Steven A. Langford

**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):**
★ 300 W Vine: Lexington, KY 40507

Telephone Number of Designated Agent: 800-457-5683

Facsimile Number of Designated Agent: 859-232-8525

Email Address of Designated Agent: copyrightagent@cha-health.com

S: _____ **Designating Service Provider:**
_____ **Date:** 9-13-01

Typed or Printed Name and Title: Steven A. Langford, Legal Counsel

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

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