

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

Full Legal Name of Service Provider: Hays Medical Center, Inc.

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

Address of Service Provider: 2220 Canterbury Dr - PO Box 8100 - Hays, KS 67601

Name of Agent Designated to Receive Notification of Claimed Infringement: Scott Rohleder

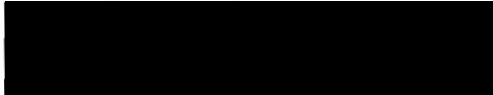
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
2220 Canterbury Dr - PO Box 8100 - Hays, KS 67601

Telephone Number of Designated Agent: 785-623-5484

Facsimile Number of Designated Agent: 785-623-2291

Email Address of Designated Agent: scott.rohleder@haysmed.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Hays Medical Center 7/23/01

 **Signature of the Designating Service Provider:** _____
Date: 12-18-15

Typed or Printed Name and Title: Scott Rohleder
Information Technology Director

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

*Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office