

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

Full Legal Name of Service Provider: Institute for Healthcare Improvement

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

Address of Service Provider: 375 Longwood Ave., <sup>4th Flr</sup> Boston, MA 02215

Name of Agent Designated to Receive Notification of Claimed Infringement: Penny Carver

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):

IHI, 375 Longwood Ave., 4th Flr.  
Boston, MA 02215

Telephone Number of Designated Agent: 617-754-4814

Facsimile Number of Designated Agent: 617-754-4865

Email Address of Designated Agent: pcarver@ihi.org

Signature of Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 11/21/02

Typed or Printed Name and Title: Penny Carver,  
Senior Vice President

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

**RECEIVED**

DEC 27 2002

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