

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

Full Legal Name of Service Provider: PeaceHealth

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

Address of Service Provider: 15325 S.E. 30th place Suite 300 Belleve, VA
98007

Name of Agent Designated to Receive Notification of Claimed Infringement: Glen Campbell

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): Glen Campbell

770 E 11th Ave
Eugene, OR 97401

Telephone Number of Designated Agent: 541-686-3649

Facsimile Number of Designated Agent: 541-686-8947

Email Address of Designated Agent: GCampbell@PeaceHealth.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6-7-06

Typed or Printed Name and Title: Alice J. Becker
Senior Associate General Counsel

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



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