

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

Full Legal Name of Service Provider: Pella Regional Health Center

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

Address of Service Provider: 404 Jefferson St, Pella, IA 50219

Name of Agent Designated to Receive Notification of Claimed Infringement: Billie Rhamy

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):
Pella Regional Health Center, Billie Rhamy, Public Relations, 404 Jefferson St,
Pella, Iowa 50219

Telephone Number of Designated Agent: 641-621-2358

Facsimile Number of Designated Agent: 641-628-7241

Email Address of Designated Agent: brhamy@pellahealth.org

 of the Designating Service Provider:
Date: 8/19/2014

Typed or Printed Name and Title: Billie Rhamy, Public Relations Manager

**Note: This 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**

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