

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

Full Legal Name of Service Provider: PHI INC

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

Address of Service Provider: 801 D AIRPORT way Modesto CA 95354

Name of Agent Designated to Receive Notification of Claimed Infringement: GRAHAM PIERCE

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):

2800 N 41th STREET Suite 800
Phoenix AZ 85008

Telephone Number of Designated Agent: 209-550-0854

Facsimile Number of Designated Agent: 209-550-0885

Email Address of Designated Agent: GPIERCE@PHIHELICO.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2-23-07

Typed or Printed Name and Title: GRAHAM PIERCE
NATIONAL MEMBERSHIP DIRECTOR

SCANNED 04 12 - 2007

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



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