

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Rochester Health, Inc.

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

Address of Service Provider: 16 West Main St.
Suite 200
Rochester, NY 14614

Name of Agent Designated to Receive Notification of Claimed Infringement: Carol Tegas

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):

16 West Main St.
Suite 200
Rochester, NY 14614

Telephone Number of Designated Agent: 585-454-1490

Facsimile Number of Designated Agent: 585-454-2066

Email Address of Designated Agent: copyrightagent@rochesterhealth.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 10/2/08

Typed or Printed Name and Title: Carol Tegas
Executive Director

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

SCANNED 10/24-2008

RECEIVED

OCT 20 2008

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