

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



**Full Legal Name of Service Provider:** St. John's Mercy Health Care

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

**Address of Service Provider:** 615 S. New Ballas Rd., St. Louis, MO 63141

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** John S. Howard

**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):  
645 Maryville Centre Drive, Suite 100, St. Louis, MO 63141

**Telephone Number of Designated Agent:** 314-364-3382

**Facsimile Number of Designated Agent:** 314-364-3379

**Email Address of Designated Agent:** john.howard@mercy.net

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

[Redacted Signature] **Date:** 10/6/09

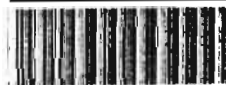
**Typed or Printed Name and Title:** John S. Howard, Vice President

**SCANNED 10 28-2009**

**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](http://www.copyright.gov/docs/fees.html)**

**162882187**



162882187