

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

Full Legal Name of Service Provider: University of Colorado Health

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

Address of Service Provider: 12401 East 17th Ave. Aurora, CO 80045

Name of Agent Designated to Receive Notification of Claimed Infringement: Bill Kaluza

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):
Bill Kaluza Web Writer/Editor, University of Colorado Health 12401 E. 17th Avenue
Mailstop F412 Aurora, CO 80045

Telephone Number of Designated Agent: (720) 848-7823

Facsimile Number of Designated Agent: (720) 848-5547

Email Address of Designated Agent: William.Kaluza@uchealth.org

Signature of the Designating Service Provider: _____
Date: 5/8/2014

Typed or Printed Name and Title: Kyle L. Weber, Esq. Counsel for University Colorado Health

**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**

Scanned
MAY 20 2014

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Received
MAY 14 2014
Copyright Office**