

**INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION
OF CLAIMED INFRINGEMENT**

Full Legal Name of Service Provider: Baystate Health System, Inc.

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

Address of Service Provider: 759 Chestnut Street, Springfield, MA

Name of Agent Designated to Receive Notification of Claimed Infringement: Candace Quinn

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):
280 Chestnut Street
Springfield, MA 01199

Telephone Number of Designated Agent: 413-794-5050

Facsimile Number of Designated Agent: 413-794-4333

E-mail Address of Designated Agent: candace.quinn@bhs.org

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

Date: February 13, 2003

Typed or Printed Name and Title: Candace Quinn, Vice President, Strategic Communications and Marketing, Baystate Health System, Inc.

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

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