

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

**Full Legal Name of Service Provider:** The Academy for Healthcare Improvement

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

**Address of Service Provider:** 1215 21st Ave. S., 6000 Med. Ctr. E., Nashville, TN 37232

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** David Moxley

**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):  
CE707 Clinical Support & Education Building, DC006.00, Columbia, MO 65212

**Telephone Number of Designated Agent:** 573-882-8419

**Facsimile Number of Designated Agent:** 573-882-6158

**Email Address of Designated Agent:** moxleyd@health.missouri.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
[Signature] Date: 5/10/2008

**Typed or Printed Name and Title:** David Moxley, Clinical Instructor

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

SCANNED 07-10/2008



**RECEIVED**

MAY 15 2008  
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