

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

Full Legal Name of Service Provider: Banner Health System

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): BannerHealth.com, other names attached.

Address of Service Provider: 1441 North 12th Street, Phoenix AZ 85006

Name of Agent Designated to Receive Notification of Claimed Infringement: Nathan Rice, Director Interactive Services

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):
Banner Health, Strategic Development, 1441 North 12th Street, Phoenix, AZ 85006

Telephone Number of Designated Agent: 602-495-4847

Facsimile Number of Designated Agent: 602-495-4185

Email Address of Designated Agent: nathan.rice@bannerhealth.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8.4.04

Typed or Printed Name and Title: Susan Doria, SrVP, Strategic Development

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

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Attachment A

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