

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

Full Legal Name of Service Provider: CGH MEDICAL CENTER, A COMPONENT  
UNIT OF THE CITY OF STERLING, ILLINOIS

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

Address of Service Provider: 100 E. LEFEVRE RD STERLING, IL 61081

Name of Agent Designated to Receive  
Notification of Claimed Infringement: RANDY DAVIS

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):

100 E. LEFEVRE RD  
STERLING, IL 61081

Telephone Number of Designated Agent: 815 625 4790

Facsimile Number of Designated Agent: 815 632 5832

Email Address of Designated Agent: RANDY.DAVIS@CGHMC.COM

Designating Service Provider:

Date: 3/24/2015

Typed or Printed Name and Title: RANDY DAVIS, CIO &  
VP, SUPPORT SERVICES

**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)**

Mail the form to:

U.S. Copyright Office, Designated Agents

P.O. Box 71537

Washington, DC 20024-1537

Scanned

APR 06 2015

Received

MAR 31 2015

Copyright Office