

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

Full Legal Name of Service Provider: CHS Health Services, LLC

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

Address of Service Provider: 5500 Maryland Way, Suite 200, Brentwood, TN 37027

Name of Agent Designated to Receive Notification of Claimed Infringement: T. Jay Warner

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):
CHS Health Services, LLC, Attn: Legal Department, 5500 Maryland Way, Suite 200
Brentwood, TN 37027

Telephone Number of Designated Agent: (615) 577-4927

Facsimile Number of Designated Agent: (615) 577-4945

Email Address of Designated Agent: DMCAagent@chsonsite.com

 the Designating Service Provider:
Date: April 4, 2014

Typed or Printed Name and Title: T. Jay Warner, General Counsel

**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**

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



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