

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

**Full Legal Name of Service Provider:** Emory Healthcare, Inc.

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

**Address of Service Provider:** 201 Dowman Drive, 101 Administration Building, Atlanta, GA 30322

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Chris Kellner

**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):  
Emory University, Office of the General Counsel, 101 Administration Building, Atlanta, GA 30322

**Telephone Number of Designated Agent:** 404-727-6011

**Facsimile Number of Designated Agent:** 404-712-5522

**Email Address of Designated Agent:** chris.kellner@emory.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Emory Healthcare, Inc.

\_\_\_\_\_ of the Designating Service Provider:

Date: September 18, 2014

Chris Kellner, Associate General Counsel

Note: This Amended 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)

**Received**  
**NOV 12 2014**  
**Copyright Office**