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APR 06 2005

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Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Michael Reese Health Trust

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

Address of Service Provider: 20 N. Wacker Drive, Ste. 760 Chicago, IL 60606

Name of Agent Designated to Receive Notification of Claimed Infringement: Wendy A. Petersen

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):

Michael Reese Health Trust
20 N. Wacker Drive, Ste. 760, Chicago, IL 60606

Telephone Number of Designated Agent: 312/726-1008

Facsimile Number of Designated Agent: 312/726-2797

Email Address of Designated Agent: wpetersen@healthtrust.net

Signature of Officer representative of the Designating Service Provider:

Date: 4-4-05

Typed or Printed Name and Title: Dorothy H. Gardner
President

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

SCANNED 4/27/05

Correct amount	<u>30⁰⁰</u>	ACCL. Name	<u>website</u>
son	_____		
sin	<u>WAP</u>		



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