

# EXHIBIT A

**CERTIFICATE OF REGISTRATION**



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

*Marybeth Peters*

REGISTER OF COPYRIGHTS  
United States of America

**FORM TX**

For a Nondramatic Literary Work  
UNITED STATES COPYRIGHT OFFICE

TX 5-727-863



EFFECTIVE DATE OF REGISTRATION

2 28 03  
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

Healthcare Advocates Web Site

PREVIOUS OR ALTERNATIVE TITLES ▼

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

NAME OF AUTHOR ▼

Kevin C. Flynn

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼  
1968

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country  
OR { Citizen of USA  
Domiciled in

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

Content for a web site

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country  
OR { Citizen of  
Domiciled in

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country  
OR { Citizen of  
Domiciled in

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** This information must be given in all cases.  
2002

**DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK** Complete this information ONLY if this work has been published. Month 2 Day 2 Year 2002  
USA

**COPYRIGHT CLAIMANT(S)** Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Healthcare Advocates, Inc  
1420 Walnut St #908  
Philadelphia, PA 19102

**TRANSFER** If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

Transferred ownership

**MORE ON BACK** Complete all applicable spaces (numbers 6-8) on the reverse side of this page. See detailed instructions. Sign the form at line 8.

APPLICATION RECEIVED  
FEB 28 2003  
ONE DEPOSIT RECEIVED  
TWO DEPOSITS RECEIVED  
FEB 28 2003  
FUNDS RECEIVED

**NOTE**

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

See instructions before completing this space

EXAMINED BY \_\_\_\_\_  
CHECKED BY \_\_\_\_\_

FORM TX

CORRESPONDENCE  
Yes

FOR  
COPYRIGHT  
OFFICE  
USE  
ONLY

**DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.**

**PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes  No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

a.  This is the first published edition of a work previously registered in unpublished form.

b.  This is the first application submitted by this author as copyright claimant.

c.  This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▶

Year of Registration ▶

**DERIVATIVE WORK OR COMPILATION**

**Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

**Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

See instructions  
before completing  
this space

**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.  
Name ▼ Account Number ▼

**CORRESPONDENCE** Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Kevin Flynn  
Healthcare Advocates, Inc  
1420 Walnut St #908  
Philadelphia, PA 19102  
Phone number ▶ 215 735 7711 Fax number ▶ 215 735 7737  
Email ▶ kflynn@healthcareadvocates.com

**CERTIFICATION\*** I, the undersigned, hereby certify that I am the

Check only one ▶

- author
- other copyright claimant
- owner of exclusive right(s)
- authorized agent of \_\_\_\_\_

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kevin Flynn Date ▶ 2-6-03

Handwritten signature (X) ▼

X

Certificate will be mailed in window envelope to this address:

Name ▼	Healthcare Advocates
Number/Street/Apt ▼	1420 Walnut St #908
City/State/ZIP ▼	Philadelphia, PA 19102

**YOU MUST:**

- Complete all necessary spaces
- Sign your application in space 8

**SEND ALL 3 ELEMENTS IN THE SAME PACKAGE**

1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material

Fees are subject to change. For current fees, check the Copyright Office website at [www.copyright.gov](http://www.copyright.gov).  
Office, Rm. 1277  
(202) 707-5900

**MAIL TO**  
Library of Congress  
Copyright Office  
101 Independence Avenue, S.E.  
Washington, D.C. 20559-6000

\*17 U.S.C. § 506(a): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by sections 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

**CERTIFICATE OF REGISTRATION**



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

*Marybeth Peters*  
 REGISTER OF COPYRIGHTS  
 OFFICE OF THE UNITED STATES OF AMERICA

**FORM TX**  
 For a Nondramatic Literary Work  
 UNITED STATES COPYRIGHT OFFICE  
 REGISTRATION NUMBER  
**TX 5-701-306**  
 FEB 28, 2003  
 Month Day Year

OFFICIAL SEAL DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET.

**TITLE OF THIS WORK** ▼  
 A Collection of Healthcare Advocates' Materials

**PREVIOUS OR ALTERNATIVE TITLES** ▼

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

**NAME OF AUTHOR** ▼ Kevin C. Flynn  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ 1968 Year Died ▼

Was this contribution to the work a "work made for hire"?  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country: USA  
 OR Citizen of: USA  
 Domiciled in: \_\_\_\_\_  
**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

**NOTE**

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions) for any part of the work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼  
 All of the enclosed materials were for client use

**NAME OF AUTHOR** ▼  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country: \_\_\_\_\_  
 OR Citizen of: \_\_\_\_\_  
 Domiciled in: \_\_\_\_\_  
**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**NAME OF AUTHOR** ▼  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country: \_\_\_\_\_  
 OR Citizen of: \_\_\_\_\_  
 Domiciled in: \_\_\_\_\_  
**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** 1998  
**DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK**  
 Complete this information ONLY if this work has been published. Month: 6 Day: 20 Year: 1998  
 USA

**COPYRIGHT CLAIMANT(S)** Name and address must be given even if the claimant is the same as the author given in space 2. ▼  
 Healthcare Advocates, Inc  
 1420 Walnut St #908  
 Philadelphia, PA 19102

APPLICATION RECEIVED  
**FEB 28 2003**  
 ONE DEPOSIT RECEIVED  
 TWO DEPOSITS RECEIVED  
**FEB 28 2003**  
 FUNDS RECEIVED

**TRANSFER** If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

Transferred ownership

**MORE ON BACK** ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page. See detailed instructions. Sign the form at line 6.

DO NOT WRITE HERE  
 Page 4 of 4 page.

EXAMINED BY *M*

FORM 1A

CHECKED BY

CORRESPONDENCE  
Yes

FOR  
COPYRIGHT  
OFFICE  
USE  
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes  No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼

a.  This is the first published edition of a work previously registered in unpublished form.

b.  This is the first application submitted by this author as copyright claimant.

c.  This is a changed version of the work, as shown by space in this application.

If your answer is "Yes," give: Previous Registration Number ▶

Year of Registration ▶

**DERIVATIVE WORK OR COMPILATION**

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

See instructions  
before completing  
this space.

**Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.  
Name ▼ Account Number ▼

**CORRESPONDENCE** Give name and address to which correspondence about this application should be sent. Name / Address / Apt./City/State / ZIP ▼

Kevin Flynn  
Healthcare Advocates  
1420 Walnut St #908  
Philadelphia, PA 19102  
Area code and daytime telephone number ▶ 215 735 7711  
Email ▶ kflynn@healthcareadvocates.com

Fax number ▶ 215 735 7737

**CERTIFICATION\*** I, the undersigned, hereby certify that I am the

Check only one ▶

- I, author
- I, other copyright claimant
- I, owner of exclusive rights
- I, authorized agent of \_\_\_\_\_

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive rights ▼

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Kevin Flynn

Date ▶ 2-5-03

Handwritten signature (X) ▼

X

Certificate will be mailed in window envelope to this address:

Name ▼  
Healthcare Advocates  
Number/Street/Apt ▼  
1420 Walnut St #908  
City/State/ZIP ▼  
Philadelphia, PA 19102

**YOU MUST:**

- Complete all necessary spaces
- Sign your application in space 8

**SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:**

1. Application form
2. Non-refundable filing fee in check or money order payable to *Register of Copyrights*
3. Deposit material

**MAIL TO:**

Library of Congress  
Copyright Office  
10 Independence Avenue, SE  
Washington, DC 20559-6025

Fee schedule for charge for filing this form: Copyright Office  
2005-2006  
\$35.00  
\$35.00  
\$35.00

\*17 U.S.C. § 506(e) Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

**CERTIFICATE OF REGISTRATION**



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

*Marybeth Peters*

REGISTER OF COPYRIGHTS  
United States of America

**FORM TX**  
For a Nondramatic Literary Work  
UNITED STATES COPYRIGHT OFFICE

REG TX 5-786-560



EFFECTIVE DATE OF REGISTRATION

3 26 03  
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

**1**

TITLE OF THIS WORK ▼

A collection of works from HCA

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

**2**

NAME OF AUTHOR ▼

a Kevin Flynn

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a 'work made for hire'?  
 Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country  
OR Citizen of USA  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No

**NOTE**

Under the law the author of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was made for hire check Yes in the space provided give the employer (or other person for whom the work was prepared) as Author of that part and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

Web site and text with previously published material and revised new material

NAME OF AUTHOR ▼

b Kevin Flynn

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a 'work made for hire'?  
 Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country  
OR Citizen of  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

NAME OF AUTHOR ▼

c

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a 'work made for hire'?  
 Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country  
OR Citizen of  
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
Anonymous?  Yes  No  
Pseudonymous?  Yes  No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed ▼

**3**

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED  
a 2000

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
b Complete this information: Month 10 Day 1 Year 2000  
USA

**4**

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

Healthcare Advocates  
1420 Walnut St #908  
Philadelphia, PA 19102

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

Transferred ownership

APPLICATION RECEIVED  
AUG 06 2003 3-26-03  
ONE DEPOSIT RECEIVED  
AUG 06 2003  
TWO DEPOSITS RECEIVED  
FUNDS RECEIVED

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-8) on the reverse side of this page. See detailed instructions. Skip the form at line 8.

DO NOT WRITE HERE

\*Amended by C.O from phone call to Kevin Flynn on 9/23/03

EXAMINED BY <i>He</i>	FORM TX
CHECKED BY	
<input checked="" type="checkbox"/> CORRESPONDENCE Yes	FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

Yes  No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

- a.  This is the first published edition of a work previously registered in unpublished form
- b.  This is the first application submitted by this author as copyright claimant
- c.  This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes" give Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

The web site material contained some previously published material

a

6

Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

The web site contains new and revised material The text(non web site) is new material

b

See instructions before completing the space

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account Name ▼ Account Number ▼

a

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Healthcare Advocates  
1420 Walnut St #908  
Philadelphia, PA 19102

Area code and daytime telephone number ▶ 215-735-7711  
Email ▶ kflynn@healthcareadvocates.com

Fax number ▶ 215-735-7737

b

CERTIFICATION\* I the undersigned, hereby certify that I am the

Check only one ▶

- author
- other copyright claimant
- owner of exclusive right(s)
- authorized agent of \_\_\_\_\_

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Name of author or other copyright claimant or owner of exclusive right(s) ▲

8

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Kevin Flynn

Date ▶ 7/21/03

Handwritten Signature (X) ▼  
*X*

Certificate will be mailed in window envelope to this address

Name ▼ Healthcare Advocates
Number/Street/Apt ▼ 1420 Walnut St #908
City/State/ZIP ▼ Philadelphia, PA 19102

Complete all necessary spaces  
Sign your application in space 8

1 Application form  
2 Nonrefundable filing fee in check or money order As of July 1 1998 payable to Register of Copyrights  
3 Deposit material (100 copies)  
Library of Congress Copyright Office  
101 Independence Avenue S.E.  
Washington D.C. 20559-8000

As of July 1 1998 the filing fee for Form TX is \$30

9

17 U.S.C. § 508(a) Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 408 or in any written statement filed in connection with the application shall be fined not more than \$2,500