Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: American Academy of Otolaryngology--Head and Neck Surgery Foundation, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): American Academy of Otolaryngology--Head and Neck Surgery

Address of Service Provider: One Prince Street, Alexandria, VA 22314

Name of Agent Designated to Receive Notification of Claimed Infringement: Chief Technology Officer, John Rodrigues

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): One Prince Street Alexandria, VA 22314

Telephone Number of Designated Agent: 703-836-4444

Facsimile Number of Designated Agent: 703-519-1528

Email Address of Designated Agent: jrodrigues@entnet.org

Signature of Officer or Representative of the Designating Service Provider: __________________________ Date: 3/20/2000

Typed or Printed Name and Title: John Rodrigues, Chief Technology Officer

Note: This Interim Designation Must be Accompanied by a $20 Filing Fee Made Payable to the Register of Copyrights.