

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

Full Legal Name of Service Provider: Academy of General Dentistry

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

Address of Service Provider: 211 E. Chicago Ave. Ste. 900, Chicago, IL 60611-1999

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Srinivasan Varadarajan, Esq.

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):
Academy of General Dentistry, 211 E. Chicago Ave. Ste. 900, Chicago, IL 60611

Telephone Number of Designated Agent: 312.440.4973

Facsimile Number of Designated Agent: 312.335.3454

Email Address of Designated Agent: srini.varadarajan@agd.org

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature] Date: 8/5/2011

Typed or Printed Name and Title: Srinivasan Varadarajan, Director, Dental Practice Advocacy

**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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