

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

Full Legal Name of Service Provider: The American College of Obstetricians
and Gynecologists

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** The American College of Obstetricians
and Gynecologists (ACOG)

Address of Service Provider: 409 12th Street, SW, Washington, DC 20024

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mark Graves, Director, Electronic
Resources

**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):** 409 12th Street, SW, Washington, DC 20024

Telephone Number of Designated Agent: 202-863-2481

Facsimile Number of Designated Agent: 202-484-7480

Email Address of Designated Agent: copyright@acog.org

Signature _____ **Representative of the Designating Service Provider:**

Date: 10-1-2002

Typed or Printed Name and Title: Mark Graves, Director, Electronic
Resources

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

RECEIVED

OCT 29 2002

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