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

Full Legal Name of Service Provider:  American College of Allergy, Asthma & Immunology	
Address of Service Provider: 85 W.	. Algonquin Rd., Ste. 550, Arlington Heights, IL 60005
Name of Agent Designated to Rec Notification of Claimed Infringem	
or similar designation is not acceptable excep	to which Notification Should be Sent (a P.O. Box of where it is the only address that can be used in the geographic
85 W. Algonquin Rd., Ste. 550, Arling	gton Heights, IL 60005
Telephone Number of Designated	Agent: 847-427-1200
Facsimile Number of Designated	Agent: 847-427-1294
Email Address of Designated Age	nt: jeffkiva@acaai.org
Signature of Officer or Representati	ive of the Designating Service Provider:  Date: 3-10-10
Typed or Printed Name and Title: F	Rick Slawny, Executive Director

Note: This Interim Designation Must be Accompanied by a Filing Fee<sup>3</sup> 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

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Mail the form to: Copyright RRP P.O. Box 71537 Washington, DC 20024



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