Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: American College of Physicians, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ACP, American College of Physicians

Address of Service Provider: 190 N. Independence Mall West, Philadelphia, PA 19106

Name of Agent Designated to Receive Notification of Claimed Infringement: Kathe Spiro-Bentzel

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): Communications Department: 190 N. Independence Mall West, Philadelphia, PA 19106

Telephone Number of Designated Agent: 215-351-2615

Facsimile Number of Designated Agent: 215-351-2537

Email Address of Designated Agent: kspirolentzel@acponline.com

Signature of Officer or Representative of the Designating Service Provider: ___________________________ Date: 12 February 2004

Typed or Printed Name and Title: ____________________________________________ SVP, Operations

Note: This Interim Designation Must be Accompanied by a $80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/L&R
P.O. Box 70400
Washington, DC 20024

Received
MAR 17 2002
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SCANNED 04.02.2009