Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: AMERICAN DENTAL ASSOCIATION	- <u></u>
Alternative Name(s) of Service Provider (including all names under which the se provider is doing business): ADA	rvice
Address of Service Provider: 211 EAST CHICAGO AVENUE, CHICAGO, IL 60611	
Name of Agent Designated to Receive Notification of Claimed Infringement: J. CRAIG BUSEY	
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): c/o OFFICE OF THE GENERAL COUNSEL, AMERICAN DENTAL ASSOCIATION 211 EAST CHICAGO AVENUE, CHICAGO ILLINOIS 60617	
Telephone Number of Designated Agent: 312-440-2813	
Facsimile Number of Designated Agent: 312-440-2562	
Email Address of Designated Agent: buseyc@ada.org	
Signature of Officer or Representative of the Designating Service Provider: Date: November 6, 2012	
J. Craig Busey, General Counsel	
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	Scanned MAR 1 4 2013

Mail the form to: Copyright I&R/Recordation P.O. Box 71537 Washington, DC 20024



Received
MAR 0 7 2013
Copyright Office