

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

Full Legal Name of Service Provider: American Thoracic Society

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

Address of Service Provider: 25 Broadway, 18th floor, New York, NY 10004

Name of Agent Designated to Receive Notification of Claimed Infringement: Diane Gern

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):
The American Thoracic Society, 25 Broadway, 18th floor, New York, NY 10004

Telephone Number of Designated Agent: 212-315-6441

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: dgern@thoracic.org

representative of the Designating Service Provider:
Date: 4.3.14

Typed or Printed Name and Title: Diane Gern, Publisher

**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**

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