Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: AMERICAN MEDICAL ASSOCIATION

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

Address of Service Provider: 515 North State Street, Chicago, IL 60654

Name of Agent Designated to Receive Notification of Claimed Infringement: Jon N. Ekdahl

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):

Telephone Number of Designated Agent: (312) 464-4600

Facsimile Number of Designated Agent: (312) 464-5422

Email Address of Designated Agent: jon.ekdahl@ama-assn.org

Signature of Officer or Representative of the Designating Service Provider: [Redacted] Date: June 30, 2010

Typed or Printed Name and Title: Jon N. Ekdahl, Senior Vice President, 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

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

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