Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: American Society for Cervical Pathology (ASCP)

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

Address of Service Provider: 20 W. Washington Street, Hagerstown, MD 21740

Name of Agent Designated to Receive Notification of Claimed Infringement: Debbie McElhaney

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): 20 W. Washington Street Ste 1, Hagerstown MD 21740

Telephone Number of Designated Agent: 301-733-3640

Facsimile Number of Designated Agent: 301-733-5935

Email Address of Designated Agent: dbowers@ascp.org

Signature of Officer or Representative of the Designating Service Provider: ____________________________

Date: 7/12/07

Typed or Printed Name and Title: Kathleen Poole, Executive Director

SCANNED 08 17-2007

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

The ASCP will be moving to 152 W. Washington St effective 9/1/07. All other address information will remain the same.