

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

Full Legal Name of Service Provider: Educational Commission for Foreign Medical Graduates

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

Address of Service Provider: 3624 Market Street, Philadelphia, PA 19104

Name of Agent Designated to Receive Notification of Claimed Infringement: Elizabeth M. Ingraham

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):
3624 Market Street, Philadelphia, PA 19104

Telephone Number of Designated Agent: 215/823-2108

Facsimile Number of Designated Agent: 215/387-9963

Email Address of Designated Agent: eingraham@ecfmg.org

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

Date: _____

10/31/02

Typed or Printed Name and Title: Elizabeth M. Ingraham, Manager, Publications & Special Projects

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

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