

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

Full Legal Name of Service Provider: International Association for the Study of Pain

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

Address of Service Provider: 111 Queen Anne Ave N, Suite 501, Seattle WA 98109

Name of Agent Designated to Receive Notification of Claimed Infringement: Katherine Kreiter

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):
111 Queen Anne Ave N, suite 501, Seattle WA 98109

Telephone Number of Designated Agent: 206.283.0311 x223

Facsimile Number of Designated Agent: 206.283.9403

Email Address of Designated Agent: copyright@iasp-pain.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/1/08

Typed or Printed Name and Title: Katherine Kreiter, Executive Director

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

SCANNED 09 24 2008

RECEIVED

SEP 08 2008
COPYRIGHT OFFICE

161936495



161936495

AKM