

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

Full Legal Name of Service Provider: New Jersey Association of Ambulatory
Surgery Centers

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

Address of Service Provider: 26 Eastmans Road, Parsippany, NJ 07054

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Linda Bartolo

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):
26 Eastmans Road Parsippany, NJ 07054

Telephone Number of Designated Agent: 973-597-0938 ext 105

Facsimile Number of Designated Agent: 973-597-0241

Email Address of Designated Agent: lbartolo@successcomgroup.com

_____ Representative of the Designating Service Provider:
_____ Date: 2/16/2012

Typed or Printed Name and Title: Linda Bartolo
Executive Director New Jersey Association of Ambulatory Surgery Centers

**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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