

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

**Full Legal Name of Service Provider:** North Jersey Orthopaedic Clinic

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

**Address of Service Provider:** 266 Harristown Rd. Suite 100 Glen Rock, NJ 07452

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Frank Alberta, MD

**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):  
266 Harristown Rd. Suite 100 Glen Rock, NJ 07452

**Telephone Number of Designated Agent:** 201-493-8990

**Facsimile Number of Designated Agent:** 201-493-8933

**Email Address of Designated Agent:** falberta@njorthoclinic.com

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 04/04/2012

**Typed or Printed Name and Title:** Frank Alberta, MD

**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](http://www.copyright.gov/docs/fees.html)**

Scanned  
MAY 11 2012



Printed  
Date  
File