

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

Full Legal Name of Service Provider: New Jersey State Society of Anesthesiologists

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

Address of Service Provider: 3 Regent St. Suite 301, Livingston, NJ 07039

**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):
New Jersey State Society of Anesthesiologists 3 Regent St. Suite 301, Livingston, NJ 07039

Telephone Number of Designated Agent: 973-597-0938 x105

Facsimile Number of Designated Agent: 973-992-6020

Email Address of Designated Agent: membership@njssahq.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 7/12/02

Typed or Printed Name and Title: Linda Bartolo, Exec. Director

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JUL 19 2002

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