

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

Full Legal Name of Service Provider: New Jersey Sports Medicine and Performance Center LLC

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

Address of Service Provider: 689 Valley Road, Suite 104, Gillette, NJ 07933

Name of Agent Designated to Receive Notification of Claimed Infringement: Marc Silberman

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):
689 Valley Road, Suite 104, Gillette, NJ 07933

Telephone Number of Designated Agent: 908-647-6464

Facsimile Number of Designated Agent: 908-382-3125

Email Address of Designated Agent: info@gotomysportsphysical.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/12/11

Typed or Printed Name and Title: Marc Silberman, M.D.

**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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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