

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

Full Legal Name of Service Provider: National Association of Managed Care Physicians

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): none

Address of Service Provider: 4435 Waterfront Drive Ste 101, Glen Allen, VA 23060

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Katie Eads

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):  
4435 Waterfront Drive, Suite 101, Glen Allen, VA 23060

Telephone Number of Designated Agent: 804-527-1905

Facsimile Number of Designated Agent: 804-747-5316

Email Address of Designated Agent: keads@namecp.org

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: January 14, 2009

Typed or Printed Name and Title: Katie Eads, Director of Operations

**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



**RECEIVED**

JAN 16 2009  
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