

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

Full Legal Name of Service Provider: Pennsylvania Academy of Dermatology
and Dermatologic Surgery

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

Address of Service Provider: 777 East Park Drive, Harrisburg, PA 17111

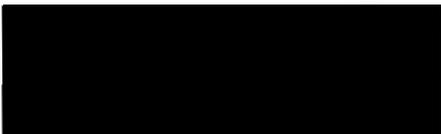
Name of Agent Designated to Receive Notification of Claimed Infringement: EXECUTIVE DIRECTOR

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):
777 East Park Drive, Harrisburg, PA 17111

Telephone Number of Designated Agent: 1-866-650-3376

Facsimile Number of Designated Agent: 717-558-7841

Email Address of Designated Agent: paderm@pamedsoc.org

 Representative of the Designating Service Provider:
Date: 02/11/2015

Typed or Printed Name and Title: Jennifer Keeler, Executive Director

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**Scanned
JUN 11 2015**

**Received
JUN 11 2015
Copyright Office**