

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

Full Legal Name of Service Provider: Radiological Society of New Jersey

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

Address of Service Provider: 3 Regent Street, Suite 301, Livingston, New Jersey 07039

Name of Agent Designated to Receive Notification of Claimed Infringement: Ms. 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):
Radiological Society of New Jersey 3 Regent Street, Suite 301, Livingston, NJ 07039

Telephone Number of Designated Agent: 973-597-0938 x 105

Facsimile Number of Designated Agent: 973-992-6020

Email Address of Designated Agent: membership@rsnj.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 12, 2002

Typed or Printed Name and Title: Linda Bartolo, Representative of the Radiological Society of New Jersey

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

JUL 16 2002

COPYRIGHT OFFICE

126658168

