

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

Full Legal Name of Service Provider: The Rockefeller University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): The Rockefeller University Hospital, www.rockefeller.edu,

Address of Service Provider: 1230 York Avenue, New York, NY 10021

Name of Agent Designated to Receive Notification of Claimed Infringement: Mark Kowitz

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):
Mark Kowitz, 1230 York Avenue, Box 175, New York, NY 10021

Telephone Number of Designated Agent: 212-327-8925

Facsimile Number of Designated Agent: 212-327-8712

Email Address of Designated Agent: abuse@rockefeller.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/13/05

Typed or Printed Name and Title: Mark Kowitz, Senior Systems Administrator

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

SCANNED 5 / 13 / 05

RECEIVED

MAY 02 2005

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