

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

Full Legal Name of Service Provider: The Emory Clinic, Inc.

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

Address of Service Provider: 201 Dowman Drive, 101 Administration Building, Atlanta, GA 30322

Name of Agent Designated to Receive Notification of Claimed Infringement: Chris Kellner

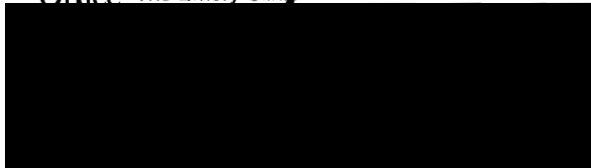
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Emory University, Office of the General Counsel, 101 Administration Building, Atlanta, GA 30322

Telephone Number of Designated Agent: 404-727-6011

Facsimile Number of Designated Agent: 404-712-5522

Email Address of Designated Agent: chris.kellner@emory.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: The Emory Clinic



The Designating Service Provider:
Date: September 18, 2014

Typed or Printed Name and Title: Chris Kellner, Associate General Counsel

Note: This Amended 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

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Copyright Office