

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

Full Legal Name of Service Provider: United Council for Neurologic Subspecialties

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

Address of Service Provider: 1080 Montreal Ave., St. Paul, MN 55116

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tami R. Boehne

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):
1080 Montreal Ave., St. Paul, MN 55116

Telephone Number of Designated Agent: 651-695-2781

Facsimile Number of Designated Agent: 651-361-4881

Email Address of Designated Agent: tboehne@aan.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 4/15/09

Typed or Printed Name and Title: MURRAY G. SAGSVEEN,
GENERAL COUNSEL

SCANNED 05 19 - 2009

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**



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