

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

**Full Legal Name of Service Provider:** American Academy of Neurology  
Professional Association

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

**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

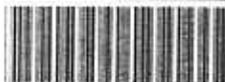
**Typed or Printed Name and Title:** MURRAY G. SAGSVEEN  
GENERAL COUNSEL

SCANNED

05 20-2009

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

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RECEIVED

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