

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

Full Legal Name of Service Provider: Joslin Diabetes Center

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

Address of Service Provider: One Joslin Place Boston MA. 02215

Name of Agent Designated to Receive Notification of Claimed Infringement: Mr. John Sullivan

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):
One Joslin Place, Room 373 Boston MA. 02215

Telephone Number of Designated Agent: 617-735-1968

Facsimile Number of Designated Agent: 617-732-2434

Email Address of Designated Agent: dmca@joslin.harvard.edu

Sig _____ **or Representative of the Designating Service Provider:**
Date: 7/24/03

Typed or Printed Name and Title: John Sullivan, Security Manager

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

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