

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: American Academy of Otolaryngology--Head
and Neck Surgery Foundation, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** ~~American Academy of Otolaryngology--Head and Neck
Surgery Foundation~~ *

*Removed per authority
J. Rodrigues, phone
call, 4/27/00

Address of Service Provider: One Prince Street, Alexandria, VA 22314

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Chief Technology Officer, John Rodrigues

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 Prince Street
Alexandria, VA 22314

Telephone Number of Designated Agent: 703-836-4444

Facsimile Number of Designated Agent: 703-519-1585⁵³

Email Address of Designated Agent: jrodrigues@entnet.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 3/20/2000

Typed or Printed Name and Title: John Rodrigues, Chief Technology Officer

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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