

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

Full Legal Name of Service Provider: American College of
Rheumatology

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

Address of Service Provider: 1800 Century Place, Suite 250
Atlanta, GA 30345-4300

Name of Agent Designated to Receive Notification of Claimed Infringement: Steve Blevins

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):

1500 Century Place, Suite 250
Atlanta, GA 30345-4300

Telephone Number of Designated Agent: 404-633-3777

Facsimile Number of Designated Agent: 404-633-1870

Email Address of Designated Agent: acr@rheumatology.org

Signature of Officer or Representative of the Designating Service Provider:

Date: Feb 15, 1999

Typed or Printed Name and Title: Steve Blevins
Dir. of Info. Systems

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

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