

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



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

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

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

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sarah M. Bird Nelson

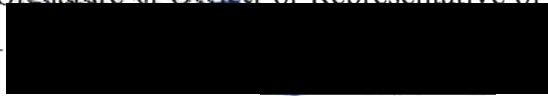
**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
1080 Montreal Avenue  
St. Paul, MN 55116

**Telephone Number of Designated Agent:** 651-695-2784

**Facsimile Number of Designated Agent:** 651-361-4884

**Email Address of Designated Agent:** sneslon@aan.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: American Academy of Neurology, American Academy of Neurology Professional Association, and American Academy of Neurology Foundation (4/15/09)

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** 6/21/10

**Typed or Printed Name and Title:** Murray G. Sagsveen, General Counsel

Note: This Amended Interim Designation Must be Accompanied by a Filing Fee\* Made Payable to the Register of Copyrights.  
\*Note: Current and adjusted fees are available on the Copyright website at [www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)

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