

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

Full Legal Name of Service Provider: AMERICAN ANTHROPOLOGICAL
ASSOCIATION

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

Address of Service Provider: 2300 Clarendon Blvd. Ste. 1301 Arlington VA 22201

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Susan C Chaires

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):
CHAIRES & ASSOCIATES, 1806 New Hampshire Ave. NW Third FL
Washington DC 20009

Telephone Number of Designated Agent: 202-905-8131

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: schaires@chaireslaw.com

Name of Designating Service Provider: _____
Date: 9 Aug 2016

Typed or Printed Name and Title: Edward B. Liebow, Executive Director

**Note: This 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**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
SEP 08 2016**

**Received
AUG 25 2016
Copyright Office**