

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

**Full Legal Name of Service Provider:** AMERICAN MEDICAL ASSOCIATION

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

**Address of Service Provider:** 515 North State Street, Chicago, IL 60654

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jon N. Ekdahl

**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):

Jon N. Ekdahl  
as Registered Agent  
Office of the General Counsel  
American Medical Association  
515 N. State Street  
Chicago, IL 60654

**Telephone Number of Designated Agent:** (312) 464-4600

**Facsimile Number of Designated Agent:** (312) 464-5422

**Email Address of Designated Agent:** jon.ekdahl@ama-assn.org

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] Date: June 30, 2010

**Typed or Printed Name and Title:** Jon N. Ekdahl, Senior Vice President, General Counsel

**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](http://www.copyright.gov/docs/fees.html)**

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