

SEP 01 2009

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

**Full Legal Name of Service Provider:** American Physical Society

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** One Physics Ellipse, College Park, MD 20740

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sara Conners

**Full Address of Designated Agent to which Notification Should be sent:**

Sara Conners  
American Physical Society  
One Physics Ellipse  
College Park, MD 20740

**Telephone Number of Designated Agent:** (301) 209-3281

**Facsimile Number of Designated Agent:** (301) 209-0866

**Email Address of Designated Agent:** [webmaster@aps.org](mailto:webmaster@aps.org)

**Signature of Officer or Representative of the Designating Service Provider:**

\_\_\_\_\_  
Date: 8/7/09

**Typed or Printed Name and Title:** Joe Serene, Treasurer/Publisher

**Note:** This Interim Designation Must be Accompanied by a ~~\$80~~ <sup>\$105</sup> Filing Fee Made Payable to the Register of Copyrights.

SCANNED 10 16-2009

