

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

Full Legal Name of Service Provider: _____
Society of Gastroenterology Nurses and Associates, Inc.

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

Address of Service Provider: 330 N. Wabash Avenue, Suite 2000, Chicago, IL 60611

Name of Agent Designated to Receive Notification of Claimed Infringement: Dale West

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):
330 N. Wabash Avenue, Suite 2000, Chicago, IL 60611

Telephone Number of Designated Agent: 1-312-673-5911

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Dwest@smithbucklin.com

_____ of the Designating Service Provider:
Date: 1/14/13

Typed or Printed Name and Title: Lyndsay Graham, SGNA Education Manager

**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**

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JAN 30 2013

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