

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

**Full Legal Name of Service Provider:** Michael Strickland, M.D.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** I'm A Doctor Dammit

**Address of Service Provider:** 9740 Tibbe Road, Winchester, OH 45697

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Strickland

**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):  
9740 Tibbe Road, Winchester, OH 45697

**Telephone Number of Designated Agent:** 513-310-1389

**Facsimile Number of Designated Agent:** 513-248-9333

**Email Address of Designated Agent:** mdstrickland13@gmail.com

**Signature of Designating Service Provider:** [Redacted] **Date:** 8-18-11

**Typed or Printed Name and Title:** Amy J. Everhart, Attorney for Michael Strickland, M.D.

**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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