

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

**Full Legal Name of Service Provider:** Northeastern Ohio Universities  
College of Medicine (NEOUCOM)

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Northeastern Ohio Universities Colleges of  
Medicine and Pharmacy

**Address of Service Provider:** 4209 State Route 44, Rootstown, Ohio 44272

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Maria R. Schimer, M.P.H., J.D.

**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):  
4209 State Route 44, Rootstown, Ohio 44272

**Telephone Number of Designated Agent:** 330.325.6356

**Facsimile Number of Designated Agent:** 330.325.5926

**Email Address of Designated Agent:** maria@neoucom.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] Date: 3/25/2010

**Typed or Printed Name and Title:** Maria R. Schimer, M.P.H., J.D.,  
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  
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