

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

Full Legal Name of Service Provider: Society for Laboratory Automation and Screening

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

Address of Service Provider: 100 Illinois Street, Suite 242, St. Charles, IL 60174

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Scott S. Fintzen

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):
30 N. LaSalle Street, Suite 3010, Chicago, IL 60602

Telephone Number of Designated Agent: 312-346-7855

Facsimile Number of Designated Agent: 312-346-8317

Email Address of Designated Agent: sfintzen@gaido-fintzen.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/2/11

Typed or Printed Name and Title: Scott S. Fintzen, Attorney

**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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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