



Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: American Association of Colleges of Pharmacy

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

Address of Service Provider: 1727 King Street, Alexandria VA 22314

Name of Agent Designated to Receive Notification of Claimed Infringement: Daniel Cassidy, COO

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): Same as above

Telephone Number of Designated Agent: 703 739 2330

Facsimile Number of Designated Agent: 703 836 8982

Email Address of Designated Agent: DCassidy@aacp.org

Signature of Officer or Representative of the Designating Service Provider: [Signature] Date: 2/12/09

Typed or Printed Name and Title: Daniel Cassidy, COO

SCANNED 03-27-2009

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

\$80 fee

Copyright GC/I&R P.O. Box 70400 Washington, DC 20024

RECEIVED

FEB 23 2009

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