

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

Full Legal Name of Service Provider: American Orthopaedic Association

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

Address of Service Provider: 30 North LaSalle Street Street, Suite 3010, Chicago, IL 60602

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 North LaSalle Street 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: 7/14/03

Typed or Printed Name and Title: Thomas E. Stautzenbach, Executive Director

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

JUL 21 2003

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