

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

Full Legal Name of Service Provider: Nova Pain Management

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

Address of Service Provider: 282 East Main Street, Somerville, NJ 08876

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** David Irigoyen

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):
282 East Main Street, Somerville, NJ 08876

Telephone Number of Designated Agent: 908-704-0404 x ~~3633~~ 607 EXT. #

Facsimile Number of Designated Agent: 908-595-0869

Email Address of Designated Agent: dei@nji.com

Signature of Agent: _____ **Representative of the Designating Service Provider:**
Date: 10/2/2002

Typed or Printed Name and Title: DAVID IRIGOYEN
EXECUTIVE DIRECTOR

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

RECEIVED

OCT 07 2002

COPYRIGHT OFFICE

129845456

