

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

Full Legal Name of Service Provider: Mount Sinai School of Medicine

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

Mount Sinai Hospital

Mount Sinai-NYU Medical Center/Health System

Address of Service Provider: One Gustave L. Levy Pl., New York, NY 10029

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Lynn Kasner Morgan

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):

Box 1102, Mt. Sinai Medical Center

1 Gustave L. Levy Pl., New York, NY 10029-6574

Telephone Number of Designated Agent: (212) 241-7892

Facsimile Number of Designated Agent: (212) 241-4925

Email Address of Designated Agent: lynn.morgan@smtplink.mssm.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 12/11/98

Typed or Printed Name and Title: Lynn Kasner Morgan

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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