

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

Full Legal Name of Service Provider: Oregon Health & Science University

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

Address of Service Provider: 3181 SW Sam Jackson Park Rd. Portland, OR 97201

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Gary T. Chiodo, DMD

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):  
2525 SW 1st., Suite 140  
Portland, OR 97239

Telephone Number of Designated Agent: 503-494-8849

Facsimile Number of Designated Agent: 503-494-8850

Email Address of Designated Agent: chiodoga@ohsu.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Robert A. Myles, Oregon Health & Science University, 7/11/02

Signature \_\_\_\_\_ e of the Designating Service Provider:  
Date: 7/2/03

Typed or Printed Name and Title: Gary T. Chiodo, DMD, Compliance Officer, IRB Chair, Professor of Community Dentistry, Associate Director Center for Ethics, Director, OHSU Integrity Office.

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



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