Interim Designation of Agent to Receive Notification of Claimed Infringement

| Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): N/A Address of Service Provider: 4668 Willow Grove, Ellicott City, Maryland 21042 Name of Agent Designated to Receive Notification of Claimed Infringement: Frank J. Frassica, M.D. 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 |
|--|
| Name of Agent Designated to Receive Notification of Claimed Infringement: Frank J. Frassica, M.D. 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 |
| Notification of Claimed Infringement: Frank J. Frassica, M.D. 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 |
| or similar designation is not acceptable except where it is the only address that can be used in the geographic |
| location): 4668 Willow Grove, Ellicott City, Maryland 21042 |
| Telephone Number of Designated Agent: (410) 955-9300 |
| Facsimile Number of Designated Agent: N/A |
| Email Address of Designated Agent: DrFrassica@orthopaediclearning.com |
| Signature of Officer or Representative of the Designating Service Provider: |
| Typed or Printed Name and Title: William A. Mccomas, Authorized Representati |

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





