

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

Full Legal Name of Service Provider: Health Sciences Libraries Consortium, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ① HSLC
② HSLC Net Select
③ Net Select

Address of Service Provider: 3600 Market Street, Suite 550
Philadelphia, PA 19104-2646

Name of Agent Designated to Receive Notification of Claimed Infringement: Joseph C. Scorza

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):

3600 Market Street, Suite 550
Philadelphia, PA 19104-2646

Telephone Number of Designated Agent: (215) 222-1532

Facsimile Number of Designated Agent: (215) 222-0416

Email Address of Designated Agent: SCORZA@HSLC.ORG

Signature of Officer or Representative of the Designating Service Provider:
Date: 4/21/99

Typed or Printed Name and Title: Joseph C. Scorza
Executive Director

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

RECEIVED

APR 27 1999

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