

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: American Society for Colposcopy
and Cervical Pathology (ASCCP)

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

Address of Service Provider: 20 W. Washington Street, Hagerstown, MD 21740 *

Name of Agent Designated to Receive
Notification of Claimed Infringement: Debbie McClain

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): 20 W. Washington Street Ste 1, Hagerstown MD 21740 *

Telephone Number of Designated Agent: 301 / 733-3640

Facsimile Number of Designated Agent: 301 / 733-5775

Email Address of Designated Agent: dbowers@asccp.org

Signature of Officer or Representative of the Designating Service Provider:
Date: 7/12/07

Typed or Printed Name and Title: Kathleen Poole, Executive Director

SCANNED 08 17 - 2007

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



RECEIVED

AUG 06 2007
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* The ASCCP will be moving to 152 W. Washington St
effective 9/1/07. All other address information will
remain the same.