

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

Full Legal Name of Service Provider: American Diabetes Association, Inc.

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

Address of Service Provider: 1701 North Beauregard Street, Alexandria, VA 22311

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dexter C. Cummings

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):
1701 North Beauregard Street, Alexandria, VA 22311; Attn: Legal Affairs

Telephone Number of Designated Agent: (703) 549-1500

Facsimile Number of Designated Agent: (703) 836-2464

Email Address of Designated Agent: dcummings@diabetes.org

I, _____, Designating Service Provider:

Date: 07/14/15

Typed or Printed Name and Title: Dexter Cummings, Managing Director, Legal Affairs

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

**Scanned
AUG 24 2015**

**Received
AUG 11 2015
Copyright Office**