Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Leg	gal Name of Service Provider:	BioOne		
Alternat provider	tive Name(s) of Service Provider is doing business):	er (including all names o	under which the service	
Address	of Service Provider: 21 dupe	ont Circle NW, Such	: 800, Washington, Do	(200)
Name of Notificat	f Agent Designated to Receive tion of Claimed Infringement:	Susan Skomal , G	reachive Director + Co	0
or similar d	dress of Designated Agent to we designation is not acceptable except where	e it is the only address that can b	be used in the geographic	
B100ne, 21 1	Dupont Circle NW, Suite	800 Washington, 2)c 20036	
Telephoi	ne Number of Designated Ager	nt:	(New) 202/296-/	1605
Facsimile	e Number of Designated Agent	t: 202/ 872-08	84	
Email A	e Number of Designated Agent ddress of Designated Agent:		/ Susan @bioone.c	org
Date, so t	the Interim Designation to be Arthat it may be Readily Located i	n the Directory Maintain		
Signature	e of Officer or Representative of	the Designating Service Date: 7	Provider: July 2010	
Typed or	Printed Name and Title: Executive Direct	1	Scan	
	s Amended Interim Designation M	•.		
	able to the Register of Copyrights.		_	
	rrent and adjusted fees are availab	le on the Copyright website	eat	
1.5	yright.gov/docs/fees.html		16397560	32
Mail the f Copyrigh P.O. Box	at GC/RRP	Received	10337308	
	ton, DC 20024	JUL 1 2 2010	163975603	2.00

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