

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

Full Legal Name of Service Provider: ACCESS EDITORS

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

Address of Service Provider: 4722 16TH ST., BOULDER CO 80304

Name of Agent Designated to Receive Notification of Claimed Infringement: HARLAN CLIFFORD

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): 4722 16TH ST., BOULDER CO 80304

Telephone Number of Designated Agent: 413-429-7566

Facsimile Number of Designated Agent: 720-406-7588

Email Address of Designated Agent: admin@accesseditors.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3/14/11

Typed or Printed Name and Title: HARLAN CLIFFORD, MANAGER

**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:
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Washington, DC 20024



Scanned
MAR 23 2011

Received
MAR 15 2011

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