

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

Full Legal Name of Service Provider: American Health Care Association

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

Address of Service Provider: AHCA, 1201 L Street, NW, Washington, DC, 20005

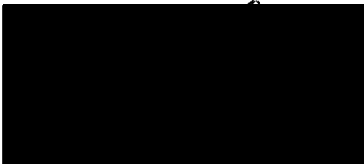
Name of Agent Designated to Receive Notification of Claimed Infringement: Dianne De La Mare

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):
AHCA, 1201 L Street, NW, Washington, DC, 20005

Telephone Number of Designated Agent: 202-898-2830

Facsimile Number of Designated Agent: 202-842-3860

Email Address of Designated Agent: ddmare@acha.org



Signature of Representative of the Designating Service Provider:
Attorney for ACHA Date: 1/13/12

Typed or Printed Name and Title: Amy Mushahwar, Senior Associate, Reed Smith LLP

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Scanned
MAR 30 2012**