Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: AMERICAN DISABILITY NETWORK

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

Address of Service Provider: 600 17th St, SUITE 2800 South, DENVER, CO 80202

Name of Agent Designated to Receive Notification of Claimed Infringement: BEN SMITH

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):
600 17th St, Suite 2800 South, DENVER, CO 80202

Telephone Number of Designated Agent: 877-806-7342

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: INFO@AMERICANDISABILITYNETWORK.COM

[redacted]ve of the Designating Service Provider:
Date: 10/10/2013

Typed or Printed Name and Title: BEN SMITH CEO

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**

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Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

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