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 17\textsuperscript{th} 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 17\textsuperscript{th} St, Suite 2800 South, Denver, CO 80202

Telephone Number of Designated Agent: 877-804-7342

Facsimile Number of Designated Agent:

Email Address of Designated Agent: INFO@AMERICANDISABILITYNETWORK.COM

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

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

Received
NOV 26 2013
Copyright Office

Scanned
DEC 05 2013