

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

Full Legal Name of Service Provider: American Tradition Institute

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

Address of Service Provider: 1601 Blake Street, Suit 310 Denver, CO 80202

Name of Agent Designated to Receive Notification of Claimed Infringement: Tom Tanton

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):
1601 Blake Street, Suit 310 Denver, CO 80202

Telephone Number of Designated Agent: (916) 645-2854

Facsimile Number of Designated Agent: 603-218-7079

Email Address of Designated Agent: info@atinstitute.org

Signature of Officer Representing the Designating Service Provider: _____
Date: 10.1.12

Typed or Printed Name and Title: Tom Tanton, Executive Director

**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**

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