

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

Full Legal Name of Service Provider: Aspect Software, Inc.

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

Address of Service Provider: 300 Apollo Drive, Chelmsford, MA 01824

Name of Agent Designated to Receive Notification of Claimed Infringement: Dawn Allen

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):
300 Apollo Drive, Chelmsford, MA 01824

Telephone Number of Designated Agent: 978-250-7839

Facsimile Number of Designated Agent: 978-244-7427

Email Address of Designated Agent: Legal-Info@Aspect.com

Signature of the Designating Service Provider: _____
Date: 4-8-14

Typed or Printed Name and Title: Sherri Moyen, Assistant Controller, Finance & Accounting

**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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