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

**Full Legal Name of Service Provider:** Association for Play Therapy

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Foundation for Play Therapy

**Address of Service Provider:** 3198 Willow Ave. #110, Clovis, CA 93612

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kathryn J. Lebby

**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):** 3198 Willow Ave. #110, Clovis, CA 93612

**Telephone Number of Designated Agent:** 559-294-2128 x6

**Facsimile Number of Designated Agent:** 559-294-2129

**Email Address of Designated Agent:** klebby@a4pt.org

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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](http://www.copyright.gov/docs/fees.html)

Mail the form to:

**U.S. Copyright Office, Designated Agents**
P.O. Box 71537
Washington, DC 20024-1537