

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

**Full Legal Name of Service Provider:** Capitol Lakes, Inc.

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

**Address of Service Provider:** 965 Ellendale Drive, Medford, OR 97504

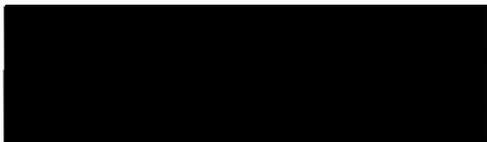
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Linda Depner

**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):  
965 Ellendale Drive, Medford, OR 97504

**Telephone Number of Designated Agent:** (541) 857-7738

**Facsimile Number of Designated Agent:** (541) 857-6514

**Email Address of Designated Agent:** RICopyrightViolations@retirement.org



**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Typed or Printed Name and Title:** Steve Eichen, Chief Information Officer

**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:  
**Copyright I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024**



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