

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

**Full Legal Name of Service Provider:** Certified Medical Representatives Institute, Inc.

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**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** CMRI; CMR Institute, Inc.

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**Address of Service Provider:** 4423 Pheasant Ridge Road, Suite #100, Roanoke, VA 24014-5274

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sharon Lustig

**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):  
4423 Pheasant Ridge Road, Suite #100, Roanoke, VA 24014-5274

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**Telephone Number of Designated Agent:** 800-328-2615

**Facsimile Number of Designated Agent:** 540-989-4710

**Email Address of Designated Agent:** marketing@cmrinstitute.org

**Signature of Officer or Representative of the Designating Service Provider:**

 Date: April 5, 2016

**Typed or Printed Name and Title:** Sharon Lustig, Executive Director, Client Solutions

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

Mail the form to:

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

**SCANNED**

**MAY 13 2016**

**Received**

**MAY 05 2016**

**Copyright Office**

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