

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

**Full Legal Name of Service Provider:** Charles River School

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

**Address of Service Provider:** 6 Old Meadow Rd. POBox 339, Dover, MA 02030

**Name of Agent Designated to Receive Notification of Claimed Infringement:** David Dean

**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):  
6 Old Meadow Rd. POBox 339, Dover, MA 02030

**Telephone Number of Designated Agent:** 508-785-0068

**Facsimile Number of Designated Agent:** 508-785-8290

**Email Address of Designated Agent:** ddean@charlesriverschool.org

**Name of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 9/27/12

**Typed or Printed Name and Title:** David Dean, Business Manager

**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**



Scanned  
OCT 26 2012

Received  
OCT 16 2012  
Copyright Office