

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

Full Legal Name of Service Provider: Cognitive Enhancements Solutions, Inc.

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

Address of Service Provider: W231N7956 Martin Ct., Sussex, WI 53089 USA

Name of Agent Designated to Receive Notification of Claimed Infringement: JPFernandes

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):
500W.Silver SpringDr., SuiteK-100, Milwaukee,WI 53217 USA

Telephone Number of Designated Agent: 414-915-6599

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jpfernandes@msn.com



Name of the Designating Service Provider: _____
Date: 4/4/2012

Typed or Printed Name and Title: Victor Drover, CEO

**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**

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

**Scanned
MAY 11 2012**

