

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

**Full Legal Name of Service Provider:** Connections for Autism, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** connectionsforautism.com  
connectionsforautism.org, connectionsforautism.net

**Address of Service Provider:** 4806 Timberly Dr. Durham, NC 27707

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Helen S. Fuller

**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): 4806 Timberly Dr. Durham, NC 27707

**Telephone Number of Designated Agent:** 336-213-0551

**Facsimile Number of Designated Agent:** N/A

**Email Address of Designated Agent:** helen@connectionsforautism.com

**Signature of Official Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 9/13/16

**Typed or Printed Name and Title:** Helen S. Fuller, Co-founder + Partner

**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

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