

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

**Full Legal Name of Service Provider:** Cooperative Regions of Organic Producer Pools

---

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

---

**Address of Service Provider:** One Organic Way, La Farage, WI. 54639

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Melissa Hughes

**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):  
Melissa Hughes, One Organic Way, La Farge, WI. 54639

---

**Telephone Number of Designated Agent:** 608-625-3268

**Facsimile Number of Designated Agent:** 608-625-3063

**Email Address of Designated Agent:** legal@organicvalley.coop



the Designating Service Provider:  
Date: 12.1.14

**Typed or Printed Name and Title:** Melissa Hughes, General Counsel

---

**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

**Scanned**  
FEB 09 2015

**Received**  
JAN 13 2015  
Copyright Office