

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

Full Legal Name of Service Provider: Educational Research Service

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

Address of Service Provider: 1001 North Fairfax Street, Suite 500, Alexandria, VA 22314

Name of Agent Designated to Receive Notification of Claimed Infringement: Katherine A. Behrens

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):
Educational Research Service, 1001 North Fairfax Street, Suite 500, Alexandria, VA 22314

Telephone Number of Designated Agent: 703-243-2100

Facsimile Number of Designated Agent: 703-243-3922

Email Address of Designated Agent: kbehrens@ers.org

Signature of _____

Date of the Designating Service Provider:

Date: 11/28/07

Typed or Printed Name and Title: Katherine A. Behrens, Chief Operating Officer

Note: This Interim Designation Must be Accompanied by a \$82.00 Fee
Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GCI&R
P.O. Box 70400
Washington, DC 20024



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