

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Employment Learning
Innovations, Inc.

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

Address of Service Provider: 2675 Paces Ferry Rd. Suite 470,
Atlanta, GA 30339

Name of Agent Designated to Receive

Notification of Claimed Infringement: Connie Walters

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):

2675 Paces Ferry Road, Suite 470, Atlanta,
GA 30339

Telephone Number of Designated Agent: 770-437-2420

Facsimile Number of Designated Agent: 770-319-7905

Email Address of Designated Agent: CWalters@eliinc.com

Signature of Officer or Representative of the Designating Service Provider:

[Signature] Date: 8-25-08

Typed or Printed Name and Title: Coastance A. Walters, Esq.
General Counsel

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

RECEIVED

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