



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

**Full Legal Name of Service Provider:** Encompass Training and Consulting, a enterprise  
of Greater Cincinnati Behavioral Health Services

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** Greater Cincinnati Behavioral Health Services, Encompass  
Training and Consulting

**Address of Service Provider:** 1501 Madison Avenue, Cincinnati, Ohio 45206

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Deborah Dutton Lambert

**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):  
1501 Madison Avenue, Cincinnati, Ohio 45206

**Telephone Number of Designated Agent:** 513-354-7024

**Facsimile Number of Designated Agent:** 513-354-7116

**Email Address of Designated Agent:** deborah@encompass-trainingsolutions.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 11/4/09

Deborah Dutton - Lambert  
**Typed or Printed Name and Title:** Chief Executive, Encompass Training and Consulting;  
Chief Vocational Officer, Greater Cincinnati Behavioral Health Services

SCANNED 12 17-2009

**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:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024

