

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

Full Legal Name of Service Provider: Evidence-Based Practice Institute, LLC

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

Address of Service Provider: 3303 South Irving St, Seattle, Washington 98144

Name of Agent Designated to Receive Notification of Claimed Infringement: Katie Patricelli

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):
3303 South Irving Street, Seattle, Washington 98144

Telephone Number of Designated Agent: 206.265.2507

Facsimile Number of Designated Agent: NONE

Email Address of Designated Agent: katie@ebpi.org

Signature of the Designating Service Provider: _____
Date: 1/22/15

Typed or Printed Name and Title: KELLI KOEKNER CEO

**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**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

Scanned
FEB 09 2015

Received
FEB 03 2015
Copyright Office