

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

Full Legal Name of Service Provider: Patricia Holmes

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

Address of Service Provider: 500 Stone Pine Rd # 795 Half Moon Bay, CA 94019

Name of Agent Designated to Receive Notification of Claimed Infringement: Patricia Holmes

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):
500 Stone Pine Rd # 795 Half Moon Bay, CA 94019

Telephone Number of Designated Agent: 650-787-5181

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: hmbtrish@gmail.com

_____ of the Designating Service Provider:
Date: 3/16/14

Typed or Printed Name and Title: Patricia Holmes - Owner

**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**

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Mail the form to:
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