

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
International Center for Alcohol Policies (ICAP)

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

**Address of Service Provider:** 1519 New Hampshire Ave NW Washington, D.C. 20036

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Copyright Agent

**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):  
Copyright Agent, International Center for Alcohol Policies (ICAP)  
1519 New Hampshire Ave NW Washington, D.C. 20036

**Telephone Number of Designated Agent:** (202) 986-1159

**Facsimile Number of Designated Agent:** (202) 986-2080

**Email Address of Designated Agent:** info@icap.org



\_\_\_\_\_  
Date: August 6, 2013

Marcus Grant, ICAP President

**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 I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024



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