

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

**Full Legal Name of Service Provider:** Kansas City Regional Transit Alliance

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

**Address of Service Provider:** 1000 Walnut Street, Suite 224, Kansas City, MO 64106

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Gunnar Hand, AICP

**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):  
1000 Walnut Street, Suite 224, Kansas City, MO 64106

**Telephone Number of Designated Agent:** 816.916.6304

**Facsimile Number of Designated Agent:** N/A

GunnarHand@hotmail.com

**Designating Service Provider:**

**Date:** 4/5/2013

Gunnar Hand, KCRTA Board Member

**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**



**Scanned  
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