

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

Full Legal Name of Service Provider: Lumina Foundation

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

Address of Service Provider: 30 South Meridian St., Suite 700, Indianapolis, IN 46204

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Holiday Hart McKiernan

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):
30 South Meridian St., Suite 700, Indianapolis, IN 46204

Telephone Number of Designated Agent: (317) 951-5304

Facsimile Number of Designated Agent: (317) 951-5439

Email Address of Designated Agent: hmckiernan@luminafoundation.org

Designating Service Provider:

Date: 11/12/13

Typed or Printed Name and Title: Holiday Hart McKiernan, Chief of Staff and
General Counsel

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



Received

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