

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

**Full Legal Name of Service Provider:** LYRASIS

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

**Address of Service Provider:** 1438 West Peachtree St. NW, Suite 200, Atlanta, GA 30309

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Vern Ritter

**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):  
1438 West Peachtree St. NW, Suite 200, Atlanta, GA 30309

**Telephone Number of Designated Agent:** 404-592-4828

**Facsimile Number of Designated Agent:** 404-892-7879

**Email Address of Designated Agent:** vern.ritter@lyrasis.org



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\_\_\_\_\_  
Date: March 24, 2014

**Typed or Printed Name and Title:** Vern Ritter, Chief Financial Officer

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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