

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

**Full Legal Name of Service Provider:** National Autism Network, LLC

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

**Address of Service Provider:** 1150 SE Maynard Rd, Ste. 250 Cary, NC 27511

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Cari DeCandia

**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):  
1150 SE Maynard Rd, Ste. 250 Cary, NC 27511

**Telephone Number of Designated Agent:** 919-439-0750

**Facsimile Number of Designated Agent:** 919-882-1382

**Email Address of Designated Agent:** cari@nationalautismnetwork.com



**Name of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 03/01/2013

**Typed or Printed Name and Title:** Cari DeCandia, Member- Manager

**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)**

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