

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

Full Legal Name of Service Provider: _____
National Board for Certified Counselors, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____ NBCC, National Board for Certified Counselors, nbcc.org

Address of Service Provider: _____ 3 Terrace Way, Greensboro, NC 27403-3660

Name of Agent Designated to Receive Notification of Claimed Infringement: _____ Shawn O'Brien

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):
_____ 3 Terrace Way, Greensboro, NC 27403-3660

Telephone Number of Designated Agent: _____ 336-547-0607

Facsimile Number of Designated Agent: _____ 336-547-0017

Agent: _____ obrien@nbcc.org

Signature of the Designating Service Provider: _____
Date: _____ 9-5-2013

Typed or Printed Name and Title: _____ Shawn O'Brien, Chief Operating Officer

**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**

**Scanned
OCT 31 2013**



**Received
OCT 22 2013
Copyright Office**