

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
Project HOPE - The People to People Health Foundation Inc.

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

**Address of Service Provider:** 255 Carter Hall Lane, P.O. Box. 250, Millwood VA, 22646

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Donald M. Hill

**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):  
HOPE Center, 255 Carter Hall Lane, Millwood VA 22646

**Telephone Number of Designated Agent:** (540) 837-2100 ext. 480

**Facsimile Number of Designated Agent:** (540) 837-1813

**Email Address of Designated Agent:** dhill@projecthope.org

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 07/25/2013

**Typed or Printed Name and Title:** Donald M. Hill, Vice President and Chief Financial 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](http://www.copyright.gov/docs/fees.html)**

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