

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

Full Legal Name of Service Provider: Quad Learning, Inc

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

Address of Service Provider: 1150 17th Street NW, Suite 310 Washington DC 20036

Name of Agent Designated to Receive Notification of Claimed Infringement: Sara Lawrence

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 17th St, NW , Suite 310 Washington, DC 200036

Telephone Number of Designated Agent: 202-525-1078

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: sara@americanhonors.com

[Redacted] of the Designating Service Provider:
Date: 2/3/14

Typed or Printed Name and Title: Sara Lawrence- Operations 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**

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



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