

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

**Full Legal Name of Service Provider:** Referral Providers, LLC

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

**Address of Service Provider:** 6101 Long Prairie Rd Suite 744-174 FlowerMoundTX75026

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Cathy Patten

**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):  
6101 Long Prairie Rd Suite 744-174 Flower Mound TX 75026

**Telephone Number of Designated Agent:** 1-888-632-7440

**Facsimile Number of Designated Agent:** 1-888-409-8523

**Email Address of Designated Agent:** cathy@referralproviders.com

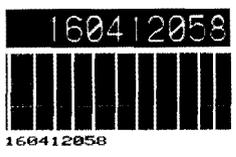
 **representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 6-19-12

**Typed or Printed Name and Title:** Cathy Patten/Managing Partner

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.**

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