

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

Full Legal Name of Service Provider: _____
SCHOLARgifts LLC

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

Address of Service Provider: 5735 27th Street NW, Washington, DC 20015

Name of Agent Designated to Receive Notification of Claimed Infringement: W. Sherman Rogers

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):
5735 27th Street NW, Washington, DC 20015

Telephone Number of Designated Agent: 888-245-4789

Facsimile Number of Designated Agent: 202-363-6272

Email Address of Designated Agent: support@scholargifts.com

_____ of the Designating Service Provider:
Date: 10-21-2013

Typed or Printed Name and Title: W. Sherman Rogers
Chief Business 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**

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



Received
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Copyright Office