

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

Full Legal Name of Service Provider: The school collective, LLC

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

Address of Service Provider: 195 John Street, Princeton, NJ 08542

Name of Agent Designated to Receive Notification of Claimed Infringement: Alyson Goodner

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): 195 John Street, Princeton NJ 08542

Telephone Number of Designated Agent: (415) 637-4127

Facsimile Number of Designated Agent: NA

Email Address of Designated Agent: alyson@theschoolcollective.com

Name of the Designating Service Provider: _____
Date: 3-26-2013

Typed or Printed Name and Title: Alyson Goodner, Co. Founder,
The School Collective, LLC

**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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