

Interim Designation of Agent to Receive Notification of Claimed Infringement

Basic fee of \$105 covers indexing of this one name. **Full Legal Name of Service Provider:** The Hub Family Resource Center, Inc.

Additional \$35 per group of 10 or fewer. **Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** _____

Address of Service Provider: 11075 State Bridge Road, Johns Creek, GA 30022

Name of Agent Designated to Receive Notification of Claimed Infringement: Remco Brommet

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):
11075 State Bridge Road, Johns Creek, GA 30022

Telephone Number of Designated Agent: 678-615-2368

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: rbrommet@thehubfrc.org

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 3/9/2016

Typed or Printed Name and Title: Remco Brommet, Executive Director

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
MAY 17 2016**

**Received
APR 21 2016**

Copyright Office

SIT 334459698