

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

**Full Legal Name of Service Provider:** The National Collegiate Athletic Association

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

**Address of Service Provider:** 700 West Washington Street, Indianapolis, IN 46206

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Christopher Termini

**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):  
The National Collegiate Athletic Association  
700 West Washington Street, Indianapolis, IN 46206

**Telephone Number of Designated Agent:** 317-917-6530

**Facsimile Number of Designated Agent:** 317-917-6860

**Email Address of Designated Agent:** ctermini@ncaa.org

**Signature of the Designating Service Provider:**

**Date:** December 15, 2014

**Typed or Printed Name and Title:** Christopher Termini, Director of Legal Affairs  
and Assistant General Counsel

**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](http://www.copyright.gov/docs/fees.html)**

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

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