

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

Full Legal Name of Service Provider: The Therapy Share, LLC

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

Address of Service Provider: 1175 Hilltop Rd NW New Philadelphia, OH 44663

Name of Agent Designated to Receive Notification of Claimed Infringement: Andrew M. Jaffe

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):
2375 Covington Rd, Suite 315 Akron, OH 44313-4358

Telephone Number of Designated Agent: 330-983-4842

Facsimile Number of Designated Agent: 206-203-3649

Email Address of Designated Agent: attorneyjaffe@aol.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 3/24/2016

Typed or Printed Name and Title: Deirdre Newburn, CEO

**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

MAR 31 2016

Copyright Office

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