

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

Full Legal Name of Service Provider: Academy on Violence and Abuse

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 14850 Scenic Heights Rd., Ste 135A, Eden Prairie, MN 55344


Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Callahan

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):
14850 Scenic Heights Rd., Ste 135A, Eden Prairie, MN 55344

Telephone Number of Designated Agent: (952) 974-3270

Facsimile Number of Designated Agent: (952) 974-3291

Email Address of Designated Agent: mike@avahealth.org

Signature of Officer or Representative of the Designating Service Provider:  Date: 7-17-08

Typed or Printed Name and Title: Michael Callahan, Executive Director,
Academy on Violence and Abuse

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

SCANNED 08 - 15 / 2008

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