

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Survivor Corps

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

Address of Service Provider: 2100 M St. NW Suite 302
Washington DC 20037

Name of Agent Designated to Receive Notification of Claimed Infringement: Elizabeth Miner

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):
2100 M St. NW Suite 302
Washington DC 20037

Telephone Number of Designated Agent: 202.250.3929

Facsimile Number of Designated Agent: 202.464.0011

Email Address of Designated Agent: eminer@survivorcorps.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/23/09

Type of Filing Office and Title: Research and Communications
Associate

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

SCANNED 02 09 - 2009

Mail the form to:

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

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