

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

**Full Legal Name of Service Provider:** Teachers Recess, Inc.

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

**Address of Service Provider:** 306 Whytegate Ct. Lake Forest, IL 60045

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jeffrey Zanchelli

**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):  
306 Whytegate Ct. Lake Forest, IL 60045

**Telephone Number of Designated Agent:** 888 755 8605

**Facsimile Number of Designated Agent:** 773 427 0709

**Email Address of Designated Agent:** copyright@teachersrecess.com

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: August 14, 2008

**Typed or Printed Name and Title:** Jeffrey Zanchelli - President

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

SCANNED 09 , 4 - 2008

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