

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

**Full Legal Name of Service Provider:** Alcohol & Drug Abuse Self-Help Network, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** d.b.a. SMART Recovery

**Address of Service Provider:** 7304 Mentor Avenue, Suite F, Mentor, OH 44060

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Shari J. Allwood

**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):  
7304 Mentor Avenue, Suite F, Mentor, OH 44060

**Telephone Number of Designated Agent:** 440/951-5357

**Facsimile Number of Designated Agent:** 440/951-5358

**Email Address of Designated Agent:** sallwood@smartrecovery.org

**Representative of the Designating Service Provider:** [Redacted]  
**Date:** 02/15/2011

**Typed or Printed Name and Title:** Shari J. Allwood, Executive Director

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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