

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

**Full Legal Name of Service Provider:** Arizona Centennial 2012 Foundation

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

**Address of Service Provider:** 1110 W. Washington St., Ste. 155, Phx., AZ 85007-2957


**Name of Agent Designated to Receive Notification of Claimed Infringement:** Karen S. Churchard, Executive Director

**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):  
1110 West Washington Street, Suite 155  
Phoenix, Arizona 85007 - 2957

**Telephone Number of Designated Agent:** (602) 364-4158

**Facsimile Number of Designated Agent:** (602) 364-3702

**Email Address of Designated Agent:** kchurchard@arizona100.org

**Signature of Officer or Representative of the Designating Service Provider:**  
 Date: November 3, 2010

**Typed or Printed Name and Title:** Karen S. Churchard, Executive Director

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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NOV 3 0 2010

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