

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

**Full Legal Name of Service Provider:** Corporation for Digital Scholarship

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

**Address of Service Provider:** 300 Boone Blvd., Suite 500, Vienna, Virginia 22182.

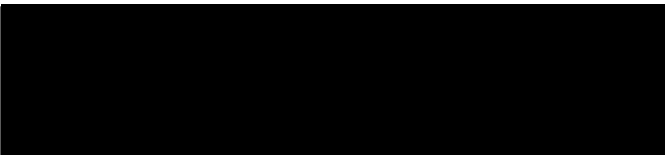
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Maria E. Recalde, Sheehan Phinney Bass + Green,

**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):  
255 State Street, 5th Floor, Boston MA 02109

**Telephone Number of Designated Agent:** 617.897.5620

**Facsimile Number of Designated Agent:** 617.439.9363

**Email Address of Designated Agent:** mrecalde@sheehan.com



**Designating Service Provider:**  
**Date:** 6/4/12

**Typed or Printed Name and Title:** Tom Scheinfeldt, President

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