

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

Full Legal Name of Service Provider: CINCINNATI COLLEGE OF
MORTUARY SCIENCE (CCMS)

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

Address of Service Provider: CCMS 645 W NORTH BEND ROAD
CINCINNATI OH 45224

Name of Agent Designated to Receive Notification of Claimed Infringement: KAREN GILES

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):

CCMS 645 W. NORTH BEND ROAD
CINCINNATI OH 45224

Telephone Number of Designated Agent: (513) 618-1923

Facsimile Number of Designated Agent: (513) 761-3333

Email Address of Designated Agent: kgiles@ccms.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1-19-11

Typed or Printed Name and Title: KAREN GILES PRESIDENT

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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