

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

Full Legal Name of Service Provider: TAI SOPHIA INSTITUTE

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

TRADITIONAL ACUPUNCTURE
INSTITUTE

Address of Service Provider: 7750
MONTPELIER RD, LAUREL MD
20723

Name of Agent Designated to Receive Notification of Claimed Infringement: NANCY THOMPSON

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):

7750 MONTPELIER RD, LAUREL MD 20723

Telephone Number of Designated Agent: 410-888-9048 x6643

Facsimile Number of Designated Agent: 410-888-9305

Email Address of Designated Agent: nthompson@tai.edu

Signature of Designating Service Provider: _____
Date: 4/14/06

Typed or Printed Name and Title: VIRGINIA RODES
DIRECTOR OF LIBRARY SERVICES +
INFORMATION TECHNOLOGY

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

*Check # 55271
attached*



SCANNED 06 05-2006

RECEIVED

MAY 18 2006

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