

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

Full Legal Name of Service Provider: APOLLO GROUP, INC.

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

Address of Service Provider: 4025 S. Riverpoint Parkway, Phoenix, AZ 85040

Name of Agent Designated to Receive
Notification of Claimed Infringement: Tim West

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):
4025 S. Riverpoint Parkway, Mail Stop CF-K612, Phoenix, Arizona 85040

Telephone Number of Designated Agent: 602-557-1661

Facsimile Number of Designated Agent: 602-557-3015

Email Address of Designated Agent: tim.west@apollogrp.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/20/10

Typed or Printed Name and Title: Tim West, Senior Corporate Counsel

**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**

Scanned
JUN 25 2010

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



Received
MAY 26 2010
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