

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

**Full Legal Name of Service Provider:** Ann Hoffman

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

**Address of Service Provider:** Vital Voices Global Partnership 1625 Massachusetts Ave., NW  
Washington, DC 20036

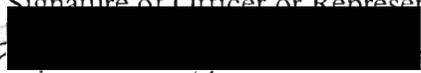
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Ann Hoffman

**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):  
Vital Voices Global Partnership  
1625 Massachusetts Ave., NW Washington, D.C. 20036

**Telephone Number of Designated Agent:** 202-861-2625

**Facsimile Number of Designated Agent:** 202-296-4142

**Email Address of Designated Agent:** annahoffman@vitalvoices.org

**Signature of Officer or Representative of the Designating Service Provider:**  
 \_\_\_\_\_ **Date:** 9-17-2010

**Typed or Printed Name and Title:** Ann Hoffman, Director of Online Communications

**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](http://www.copyright.gov/docs/fees.html)**

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