

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

Full Legal Name of Service Provider: ABS Associates, Inc.

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

Address of Service Provider: 2100 Golf Road, Suite 110 Rolling Meadows, IL 60008

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Koch

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):

2100 Golf Road, Suite 110 Rolling Meadows, IL 60008

Telephone Number of Designated Agent: 847-437-8700

Facsimile Number of Designated Agent: 847-327-1070

Email Address of Designated Agent: bkoch@abs-inc.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 2-17-09

Typed or Printed Name and Title: Rosemarie A. Mitchell, CEO

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

SCANNED 04 20-2009



RECEIVED

APR 01 2009
COPYRIGHT OFFICE