

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
American Association for Marriage and Family Therapy

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

**Address of Service Provider:** 112 South Alfred St., Alexandria, VA 22314

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Roger Smith

**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):  
112 South Alfred St., Alexandria, VA 22314

**Telephone Number of Designated Agent:** 703-838-9808

**Facsimile Number of Designated Agent:** 703-838-9805

**Email Address of Designated Agent:** central@aamft.org

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 5/30/12

**Typed or Printed Name and Title:** Roger Smith, Senior Attorney

**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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