

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

**Full Legal Name of Service Provider:** American Cleft Palate-Craniofacial Association

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

**Address of Service Provider:** 1504 East Franklin Street, Suite 102, Chapel Hill, NC 27514


**Name of Agent Designated to Receive Notification of Claimed Infringement:** Wendy-Jo Toyama

**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):

**Telephone Number of Designated Agent:** 919 933 9044

**Facsimile Number of Designated Agent:** 919 933 9604

**Email Address of Designated Agent:** wendy.toyama@acpa-cpf.org

**Signature of Officer or Representative of the Designating Service Provider:**  **Date:** 3/23/2016

**Typed or Printed Name and Title:** Wendy-Jo Toyama, Executive Director

**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)**

Mail the form to:  
**U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537**

**SCANNED  
MAY 22 2016**

**Received  
APR 07 2016  
Copyright Office**

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