

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

Full Legal Name of Service Provider: Ashoka

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

Address of Service Provider: 1700 North Moore St, Suite 2000, Arlington, VA
22209

Name of Agent Designated to Receive Notification of Claimed Infringement: Chelsea Wade Brownridge

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):

1700 North Moore St, Suite 2000
Arlington, VA 22209

Telephone Number of Designated Agent: 703.527.8300

Facsimile Number of Designated Agent: 703.527.8383

Email Address of Designated Agent: cbrownridge@ashoka.org

★ Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/19/10

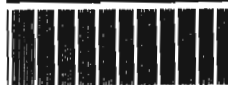
★ Typed or Printed Name and Title: Dessa Dal Porto
Director of Operations + Culture, Ashoka's Changemakers

**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

Mail the form to:
Copyright RRP
P.O. Box 71537
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