

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

**Full Legal Name of Service Provider:** Atria Senior Living, Inc.

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

**Address of Service Provider:** 401 South Fourth Street, Suite 1900, Louisville, KY 40202

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Lisa A. Conrad

**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):  
401 South Fourth Street, Suite 1900, Louisville, KY 40202

**Telephone Number of Designated Agent:** (502) 779-4700

**Facsimile Number of Designated Agent:** (502) 779-7682

**Email Address of Designated Agent:** copyright@atriaseniorliving.com

\_\_\_\_\_  
the Designating Service Provider:  
Date: 2/11/13

**Typed or Printed Name and Title:** Lisa A. Conrad, Senior Corporate Counsel

**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:  
**Copyright I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024**



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