

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



**Full Legal Name of Service Provider:** Braille Institute of America, Inc.

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

**Address of Service Provider:** 741 N. Vermont Avenue, Los Angeles, CA 90029

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Anthony J. Taketa

**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):  
741 N. Vermont Avenue, Los Angeles, CA 90029

**Telephone Number of Designated Agent:** (323) 906-3107

**Facsimile Number of Designated Agent:** (323) 663-8082

**Email Address of Designated Agent:** ajtaketa@brailleinstitute.org

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: January 14, 2010

**Typed or Printed Name and Title:** Anthony J. Taketa, Assistant Secretary

**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)**

SEARCHED 2 03-2010

Mail the form to:  
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