

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

**Full Legal Name of Service Provider:** Chestnut School of Herbal  
Medicine

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

**Address of Service Provider:** 73 Sanford Way, Weaverville, NC 28787

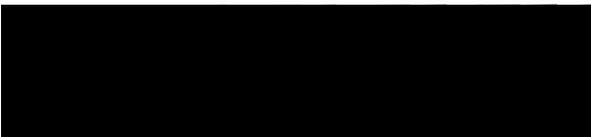
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rebecca Crandall

**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): Dr. humor Building, 48 Patton Ave., Asheville, NC 28801

**Telephone Number of Designated Agent:** (828) 254-8800

**Facsimile Number of Designated Agent:** (828) 252-2438

**Email Address of Designated Agent:** RCrandall@mwblawyers.com

 of the Designating Service Provider:  
Date: 8/31/15

**Typed or Printed Name and Title:** Juliet Blankespoor, owner

**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**

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