

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

Full Legal Name of Service Provider: GoodTherapy.org

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

Address of Service Provider: 200 West 34<sup>th</sup> Ave., Suite 501

Name of Agent Designated to Receive Notification of Claimed Infringement: Noah Rubinstein

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):  
200 West 34<sup>th</sup> Ave., Suite 501

Telephone Number of Designated Agent: 360-250-7869

Facsimile Number of Designated Agent: 360-250-7869

Email Address of Designated Agent: noah@goodtherapy.org

\_\_\_\_\_  
Representative of the Designating Service Provider:  
Date: 9/6/31

Typed or Printed Name and Title: Noah Rubinstein

**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)**

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Scanned  
OCT 05 2012

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