

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

Full Legal Name of Service Provider: Michaels & Associates Docntrain, Ltd.

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

Address of Service Provider: 11639 E. Wethersfield Rd., Scottsdale, AZ 85259

Name of Agent Designated to Receive Notification of Claimed Infringement: Sherry Michaels

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):
11639 E. Wethersfield Rd., Scottsdale, AZ 85259

Telephone Number of Designated Agent: 480-614-8440

Facsimile Number of Designated Agent: 480-614-2775

Email Address of Designated Agent: sherry.michaels@docntrain.com

Representative of the Designating Service Provider: _____
Date: 02/28/12

Title: Sherry Michaels, President

**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 I&R/Recordation
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