

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

Full Legal Name of Service Provider: National College of Natural Medicine

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

Address of Service Provider: 049 SW Porter Street, Portland OR 97201

Name of Agent Designated to Receive Notification of Claimed Infringement: Steve Fong

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):
049 SW Porter Street, Portland OR 97201

Telephone Number of Designated Agent: 503-552-1584

Facsimile Number of Designated Agent: 503-552-0025

Email Address of Designated Agent: DMCA@NCNM.EDU

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/3/2011

Typed or Printed Name and Title: Steve Fong, IT Manager

**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:
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P.O. Box 71537
Washington, DC 20024



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