

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

Full Legal Name of Service Provider: North Carolina Coalition For Fiscal Health

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

Address of Service Provider: 4613 University Drive, Durham, NC 27707

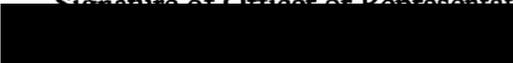
Name of Agent Designated to Receive Notification of Claimed Infringement: Matthew L. Bales

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):
4613 University Drive, Durham, NC 27707

Telephone Number of Designated Agent: 919-267-2478

Facsimile Number of Designated Agent: 919-765-4474

Email Address of Designated Agent: Info@FiscalHealthNC.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 4-28-16

Typed or Printed Name and Title: Matthew L. Bales
Executive Director

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
JUN 05 2016**

**Received
MAY 12 2016
Copyright Office**

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