

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

Full Legal Name of Service Provider: Pediatric Rehabilitation Medicine
 Associates, LLC

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

Address of Service Provider: 3815 N. Brookfield Rd, Suite 104-264, Brookfield, WI 53045

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Wolff

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):
18970 Cavendish Rd, Brookfield, WI 53045

Telephone Number of Designated Agent: (262) 527-1998

Facsimile Number of Designated Agent: (866) 562-3609

Email Address of Designated Agent: mjwolff@pedsrehab.org

Signature of Officer or Representative of the Designating Service Provider:
 Date: 2/13/16

Typed or Printed Name and Title: Elizabeth Moberg Wolff, 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**

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

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Copyright Office**

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