

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

Full Legal Name of Service Provider: PracticingExcellence.com, Inc.

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

Address of Service Provider: 13400 Sabre Springs Parkway, Suite 145, San Diego, CA 92128

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Sweeney

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):
13400 Sabre Springs Parkway, Suite 145
San Diego, CA 92128

Telephone Number of Designated Agent: 619.272.2162

Facsimile Number of Designated Agent: 619.615.2112

Email Address of Designated Agent: copyright@practicingexcellence.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2/6/2014

Title: Tim Sweeney, CFO

**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**

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Copyright Office

