

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

Full Legal Name of Service Provider: Relias Learning, LLC

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

Address of Service Provider: 111 Corning Road, Suite 250, Cary, NC 27518

Name of Agent Designated to Receive Notification of Claimed Infringement: John Harvey, Corporate Counsel

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):
111 Corning Road, Suite 250, Cary, NC, 27518

Telephone Number of Designated Agent: 919-655-7648

Facsimile Number of Designated Agent: 1-800-878-5280

Email Address of Designated Agent: jharvey@reliaslearning.com

Signature Representative of the Designating Service Provider: _____
Date: 4/22/14
Name and Title: John Harvey, Corporate Counsel

**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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Mail the form to:
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