

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

Full Legal Name of Service Provider: Rethink Autism, Inc.

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

Address of Service Provider: 19 W. 21st St., Ste. 403, New York, NY 10010

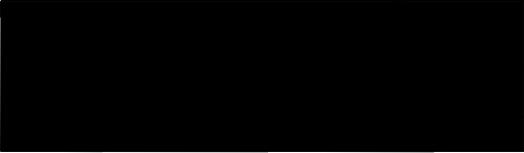
Name of Agent Designated to Receive Notification of Claimed Infringement: Daniel Etra

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):
19 W. 21st St., Ste. 403, New York, NY 10010

Telephone Number of Designated Agent: 646-257-2919

Facsimile Number of Designated Agent: 646-257-2926

Email Address of Designated Agent: daniel@rethinkfirst.com



Signature of the Designating Service Provider: _____
Date: 5/19/14

Typed or Printed Name and Title: Daniel Etra, CEO

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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