

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

Full Legal Name of Service Provider: The Rockville Institute

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

Address of Service Provider: 1600 Research Blvd., Rockville, MD 20850-3129

Name of Agent Designated to Receive Notification of Claimed Infringement: David A. Reesman

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):
The Rockville Institute, 1600 Research Blvd., Rockville, MD 20850-3129

Telephone Number of Designated Agent: 301-517-4187

Facsimile Number of Designated Agent: 301-294-3879

Email Address of Designated Agent: DavidReesman@westat.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/09/12

Typed or Printed Name and Title: Debra J. Rog, President and Chairman of the Board

**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
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SR 1-753448615



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