

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

Full Legal Name of Service Provider: Rogue Valley Manor

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Rogue Valley Manor Clinic, Rogue Valley Manor In-Home Care, Manor Terrace Care Suites

Address of Service Provider: 965 Ellendale Drive, Medford, OR 97504

Name of Agent Designated to Receive Notification of Claimed Infringement: Linda Depner

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):
965 Ellendale Drive, Medford, OR 97504

Telephone Number of Designated Agent: (541) 857-7738

Facsimile Number of Designated Agent: (541) 857-6514

Email Address of Designated Agent: RICopyrightViolations@retirement.org



Representative of the Designating Service Provider: _____
Date: _____

Typed or Printed Name and Title: Steve Eichen, Chief Information Officer

**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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