

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
Society of Corporate Compliance and Ethics & Health Care Compliance Association

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

**Address of Service Provider:** 6500 Barrie Rd. #250, Minneapolis, MN 55410

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kortney Nordrum

**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):  
6500 Barrie Rd. #250, Minneapolis, MN 55410

**Telephone Number of Designated Agent:** 952-405-7928

**Facsimile Number of Designated Agent:** 952-988-0146

**Email Address of Designated Agent:** kortney.nordrum@corporatecompliance.org

 Representative of the Designating Service Provider:  
Date: 10/27/2014

**Typed or Printed Name and Title:** Kortney Nordrum, Digital Content Editor

**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](http://www.copyright.gov/docs/fees.html)**

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Washington, DC 20024-1537

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