

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

Full Legal Name of Service Provider: The Blood Connection, Incorporated

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

Address of Service Provider: 1099 Bracken Road, Piedmont SC 29673

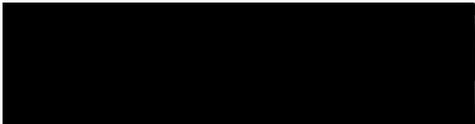
Name of Agent Designated to Receive Notification of Claimed Infringement: Suzanne T. Mize

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):
1099 Bracken Road Piedmont SC 29673

Telephone Number of Designated Agent: 864.751.3081

Facsimile Number of Designated Agent: 864.242.4824

Email Address of Designated Agent: smize@thebloodconnection.org

 **Signature of the Designating Service Provider:** _____
Date: 3-19-2015

Typed or Printed Name and Title: Suzanne T. Mize VP, Business and Finance/CFO

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

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MAR 31 2015
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