

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

**Full Legal Name of Service Provider:** Center for Responsible Enterprise and Trade

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** CREATe; CREATe.org; www.create.org;  
Center for Responsible Enterprise & Trade

**Address of Service Provider:** 1401 Eye St. NW, Suite 500, Washington, DC 20005


**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Michael Byrne

**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):  
1401 Eye St. NW, Suite 500, Washington, DC 20005

**Telephone Number of Designated Agent:** 202-842-4701

**Facsimile Number of Designated Agent:** 202-842-4708

**Email Address of Designated Agent:** mbyrne@create.org

**Signature of Officer or Representative of the Designating Service Provider:**  
 Date: 11/1/2011

**Typed or Printed Name and Title:** Michael Byrne, Operations Manager

**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)**

Mail the form to:  
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