

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

Full Legal Name of Service Provider: Herff Jones, Inc.

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

Address of Service Provider: 4625 W. 62nd Street Indianapolis, IN 46268

Name of Agent Designated to Receive Notification of Claimed Infringement: Judy Eacret

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):
ATTN: Judy Eacret Copyright Agent 4625 W. 62nd Street Indianapolis, IN 46268

Telephone Number of Designated Agent: 317-612-3589

Facsimile Number of Designated Agent: 317-612-3589

Email Address of Designated Agent: copyrightagent@herffjones.com

_____ Representative of the Designating Service Provider:
_____ Date: July 12, 2012

Typed or Printed Name and Title: Michael S. Parrett - VP - 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**



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Copyright Office