

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

Full Legal Name of Service Provider: Midlife Collage LLC

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

Address of Service Provider: 11700 W Charleston Blvd #170-323, Las Vegas, NV 89135

Name of Agent Designated to Receive Notification of Claimed Infringement: Donna Balon

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):
11600 Crimson Rose Avenue, Las Vegas, NV 89138

Telephone Number of Designated Agent: 702-862-6404

Facsimile Number of Designated Agent: None.

Email Address of Designated Agent: dbalon@midlifecollage.com

 Designating Service Provider:
Date: 9-19-11

Typed or Printed Name and Title: Donna Balon, Managing Member

**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**



SEP 26 2011

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