

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

Full Legal Name of Service Provider: Safety Erudite Inc.

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

Address of Service Provider: 4301 Deans Lake Blvd. Shakopee, MN. 55379

Name of Agent Designated to Receive Notification of Claimed Infringement: Dr. Chitram Lutchman

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):
201 Long Canyon Court, Richardson, Dallas, Texas, 75080

Telephone Number of Designated Agent: 403-998-3024

Facsimile Number of Designated Agent: NA

Email Address of Designated Agent: clutchma@safetyerudite.com; copyright@safetyerudite.com

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] **Date:** June 06, 2011

Typed or Printed Name and Title: Dr. Chitram Lutchman, President.

**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
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