Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Therap Services, LLC

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

Address of Service Provider: 562 Watertown Avenue, Suite # 3, Waterbury, CT 06708

Name of Agent Designated to Receive Notification of Claimed Infringement: James M. Kelly

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): 562 Watertown Avenue, Suite # 3, Waterbury, CT 06708

Telephone Number of Designated Agent: 203-596-7553

Facsimile Number of Designated Agent: 203-757-5116

Email Address of Designated Agent: james.kelly@therapservices.net

f the Designating Service Provider:

Date: June 20, 2011

Typed or Printed Name and Title: James M Kelly, Vice-Chairman

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



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