

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

Full Legal Name of Service Provider: The Wilderness Society

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

Address of Service Provider: 1615 M Street, NW, Washington, DC 20036

Name of Agent Designated to Receive
Notification of Claimed Infringement: Leslie Jones

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):
1615 M Street, NW, Washington, DC 20036

Telephone Number of Designated Agent: 202-833-2300

Facsimile Number of Designated Agent: 202-429-3958

Email Address of Designated Agent: copyright@twc.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: May 12, 2009

Typed or Printed Name and Title: Leslie Jones, General Counsel

SCANNED 05 28 - 2009

Note: This Interim Designation Must be Accompanied by a \$80

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED
MAY 18 2009
COPYRIGHT OFFICE