

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

**Full Legal Name of Service Provider:** Visiting Nurse Association of Somerset Hills, Inc.

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

**Address of Service Provider:** 200 Mt. Airy Rd, Basking Ridge, NJ 07920

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mrs. Claire O'Brien

**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):  
200 Mt. Airy Rd., Basking Ridge, NJ 07920

**Telephone Number of Designated Agent:** 908-766-0180

**Facsimile Number of Designated Agent:** 908-766-0716

**Email Address of Designated Agent:** compliance@visitingnurse.org

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 3/13/12

**Typed or Printed Name and Title:** Mrs. Claire O'Brien, Compliance Officer

**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](http://www.copyright.gov/docs/fees.html)**

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