Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the serv provider is doing business):	
Address of Service Provider:	TO LINICILIN CENTER PLAZA, NY, A
Name of Agent Designated	
Notification of Claimed Infr	ringement: Lesley F. ROSENTHAL VP GENO
	Contract
location): ZINCOLAI CEN	Agent to which Notification Should be Sent (a P.O. Box ble except where it is the only address that can be used in the geographic for the forming April 100 CENTER PLAZA Ly 100 3 3 . 4 5 8 3
Telephone Number of Desig	nated Agent: 2/2 875 5000
Facsimile Number of Design	nated Agent: 212 875 5/22
Email Address of Designated	d Agent: COUNSEL @ LINICOLUCENTER, ORG
Signature of Officer of Ropres	sentative of the Designating Service Provider: Date: 4/6/09
Гуреd or Printed Name and T	Title: LESLEY F. ROSENDIAL ERAL CONSEL & SECRETARY
SAND 08/06-2	0.08
3. 10명	
Made Payable to the Register	on Must be Accompanied by a \$80 Filing Fee
- a diane to the Registe	ror copyrights.

Mail the form to:

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