

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

Full Legal Name of Service Provider: _____

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: _____

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):

Telephone Number of Designated Agent: _____

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: _____

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

Typed or Printed Name and Title: _____

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

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