

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

Full Legal Name of Service Provider: The West Collection

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

Address of Service Provider: 1 Freedom Valley Drive, Oaks, PA 19456

Name of Agent Designated to Receive Notification of Claimed Infringement: Lee Stoetzel

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):
1 Freedom Valley Drive, Oaks, PA 19456

Telephone Number of Designated Agent: 610.883.7368

Facsimile Number of Designated Agent: 610.903.4255

Email Address of Designated Agent: lee@westcollection.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/17/2008

Typed or Printed Name and Title: LEE STOETZEL, DIRECTOR
THE WEST COLLECTION

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



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Copyright Office

SCANNED 08 - 12 / 2008