

**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:** \_\_\_\_\_  
\_\_\_\_\_

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