Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Lega	al Name of Service Provider:	APARTMENT	THERAPY	LLC
Alternativ provider i	ve Name(s) of Service Provid is doing business):_apartw doh.cow j unplogd.co	ler (including all na nent therapy co m; re-nest.co	mes under whi	ch the service
Address o	f Service Provider: 22 +6	ward Street	, suite 4i ,	Newyork, MY 1
Name of A Notification	Agent Designated to Receive on of Claimed Infringement:	MAXWELL G	ILLINGHAM.	- RYAN
or similar des location):	ress of Designated Agent to w signation is not acceptable except when 22 Howard Street (NEW York, NY 10013)	e it is the only address the	hould be Sent (at can be used in the	a P.O. Box geographic
Telephone	e Number of Designated Age	nt: 212-966	,-7174	
Facsimile	Number of Designated Agen	t: <u>801 - 996</u>	-7174	
Email Ado	dress of Designated Agent:	maxwell @a	partmentthe	vapy-com
Signature o	of Officer or Representative of	the Designating Ser Date: 7.7		· · · · · · · · · · · · · · · · · · ·
Typed or P	Printed Name and Title: MA	WELL GILLING	HAM-RYAN	1 CEO
	00.00.000	.070	201	***

SCAMPED 08 / 28 - 2008

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



