

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

Full Legal Name of Service Provider: Assess+RE, Inc.

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

Address of Service Provider: 152 Madison Avenue, 15th Floor NY NY 10016

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Shelburne

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): 152 Madison Avenue, 15th Floor NY NY 10016

Telephone Number of Designated Agent: (336) 655-0781

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: tim@assessre.com

Signature _____ **of the Designating Service Provider:**

Date: 10/18/16

Typed or Printed Name and Title: Min Suh, CEO

**Note: This Interim Designation Must Be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

SCANNED
APR 18 2017

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OCT 27 2015

Copyright Office