

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

**Full Legal Name of Service Provider:** Casper Sleep, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Casper, Casper Sleep, Casper Mattress, Casper.com  
Caspersleep.com, Casper, Casper Sleep Products

**Address of Service Provider:** 45 Bond St., Floor 2, New York, NY 10012

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jonathan P. Truppman

**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): 45 Bond St., Floor 2, New York, NY 10012

**Telephone Number of Designated Agent:** 305-213-1697

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** copyright@casper.com

**Signature of the Designating Service Provider:**  
Date: 3/2/15

**Typed or Printed Name and Title:** NEIL PARIKH / COO

**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](http://www.copyright.gov/docs/fees.html)**

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