

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

Full Legal Name of Service Provider: Cavus International Inc.

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

Address of Service Provider: 228 East 45th Street, Suite 9E New York, NY, 10017

Name of Agent Designated to Receive Notification of Claimed Infringement: R.J. Koek

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):
228 East 45th Street, Suite 9E New York, NY, 10017

Telephone Number of Designated Agent: (1) 347 577 9022

Facsimile Number of Designated Agent: (1) 212 6812569

Agent: rjkoek@cavusinternational.com

Representative of the Designating Service Provider: _____
Date: July 31th, 2013

Typed or Printed Name and Title: Ruud Koek, Owner

**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**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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