

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

Full Legal Name of Service Provider: ChoiceShirts, Inc.

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

Address of Service Provider: 8500 Remington Avenue, Pennsauken, NJ 08110

Name of Agent Designated to Receive Notification of Claimed Infringement: Matt Cohen

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):
8500 Remington Avenue, Pennsauken, NJ 08110

Telephone Number of Designated Agent: (856) 406-1030

Facsimile Number of Designated Agent: (630) 982-2375

Email Address of Designated Agent: legal@choiceshirts.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3/22/07

Typed or Printed Name and Title: Robert Auritt, Attorney for Service Provider

SCANNED 04 27 - 2007

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



RECEIVED

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