

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

Full Legal Name of Service Provider: City Optical Co. Inc

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Dr. Tavel Family Eyecare; Vision Values By Dr. Tavel; www.drTavel.com; Dr. David Tavel's Premium Optical; Dr. Tavel One Hour Optical; Vision Values; Premium Optical; Vision Center  
Address of Service Provider: 2839 Lafayette Rd.  
Indianapolis, IN 46000

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin Gearheart

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):  
2839 Lafayette Rd., Indianapolis, IN 46000

Telephone Number of Designated Agent: 317-924-1300

Facsimile Number of Designated Agent: 317-924-3741

Email Address of Designated Agent: contact@drTavel.com

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 1-24-11

Typed or Printed Name and Title: Kevin J Gearheart  
Chief Operating Officer

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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\*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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