

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

Full Legal Name of Service Provider: Cortex

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

Address of Service Provider: 4320 Forest Park Avenue, Suite 201, St. Louis, MO 63108

Name of Agent Designated to Receive
Notification of Claimed Infringement: Christy Maxfield

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):
20 South Sarah Street, St. Louis, MO 63108

Telephone Number of Designated Agent: 314-615-6300

Facsimile Number of Designated Agent: 314-531-4501

Email Address of Designated Agent: cmaxfield@cortexstl.com



I, _____, Designating Service Provider:
Date: 7/28/16

Typed or Printed Name and Title: _____
Christy Maxfield, agent

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED

SEP 06 2016

Received

SEP 28 2016

Copyright Office

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