

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

**Full Legal Name of Service Provider:** Culinary Agents Inc.

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

**Address of Service Provider:** 101 East 15th Street New York, NY 10003

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Alice Cheng

**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):**  
320 East 54th Street Apt7B New York, NY 10022

**Telephone Number of Designated Agent:** 914.656.8239

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

**Email Address of Designated Agent:** culinaryagents@gmail.com

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 08/24/12

**Typed or Printed Name and Title:** Alice Cheng, President

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