

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

Full Legal Name of Service Provider: Do It In Person LLC

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

Address of Service Provider: 44 West 28th Street, 8th Floor, New York, NY 10001

Name of Agent Designated to Receive Notification of Claimed Infringement: Aron Schoenfeld

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):
44 West 28th Street, 8th Floor, New York, NY 10001

Telephone Number of Designated Agent: 646-794-4271

Facsimile Number of Designated Agent: 646-219-2108

Email Address of Designated Agent: aron@doitinperson.com



Representative of the Designating Service Provider:

Date: 10/3/12

Typed or Printed Name and Title: *AS* Aron Schoenfeld, CEO

**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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