

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

Full Legal Name of Service Provider: EB EMPLOYEE SOLUTIONS, LLC

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

Address of Service Provider: 245 MAIN STREET, STE 605, WHITE PLAINS, NY 10601

Name of Agent Designated to Receive Notification of Claimed Infringement: WENDY BRIGHTON

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):
EB EMPLOYEE SOLUTIONS, LLC, 245 MAIN STREET, SUITE 605
WHITE PLAINS, NY 10601

Telephone Number of Designated Agent: (914) 298-2205

Facsimile Number of Designated Agent: (914) 220-0901

Email Address of Designated Agent: WBRIGHTON@DIFFERENCECARD.COM

 **Signature of the Designating Service Provider:** _____
Date: 01/15/2015

Typed or Printed Name and Title: WENDY BRIGHTON
EXECUTIVE VICE PRESIDENT

**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

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