

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

**Full Legal Name of Service Provider:** ELLISON SYSTEMS, INC.

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

**Address of Service Provider:** 39 BROADWAY, SUITE 2030, NEW YORK, NY 10006

**Name of Agent Designated to Receive Notification of Claimed Infringement:** LESLIE SCHARF

**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):

ELLISON SYSTEMS, INC. D/B/A SHOPLET.COM, 39 BROADWAY, SUITE 2030, NEW YORK, NEW, NY 10006; ATTN.: LESLIE SCHARF

**Telephone Number of Designated Agent:** 212-619-3353 X-218

**Facsimile Number of Designated Agent:** 212-619-3389

**Email Address of Designated Agent:** LSCHARF@SHOPLET.COM

 representative of the Designating Service Provider:  
\_\_\_\_\_, SVP Date: 2/20/13

Typed or Printed Name and Title: |LESLIE SCHARF, SVP

**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.**

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MAR 15 2013

**Mail the Form to:  
Copyright I&R/Recordation  
P.O. Box 71537  
Washington, DC 20024**

Received  
FEB 27 2013  
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