

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

**Full Legal Name of Service Provider:** Evacuation Complete LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** tsu; tsu.co; tsu for iOS; tsu for Android; tsu for mobile; Evacuation Complete

**Address of Service Provider:** 379 West Broadway, New York, NY 10012

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Alex LePere

**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): 379 West Broadway, New York, NY 10012

**Telephone Number of Designated Agent:** (202) 320-3440

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

**Email Address of Designated Agent:** alepere@evacuationcomplete.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Typed or Printed Name and Title:** Sebastian Sobczak, Founder & CEO

**Note: This Interim Designation must be accompanied by a check or money order 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](http://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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