

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

Full Legal Name of Service Provider: GiftedTaste, Inc.

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

Address of Service Provider: 8033 Sunset Blvd., Suite 959 West Hollywood, CA 90046

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Susanna Hofmann

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):
8033 Sunset Blvd., Suite 959 West Hollywood, CA 90046

Telephone Number of Designated Agent: 415-710-0511

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: susanna@giftedtaste.com

 **Signing Service Provider:**

Date: 10.5.15

Typed or Printed Name and Title: Susanna Hofmann, Chief Operating Officer

**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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DEC 14 2015

Received

OCT 14 2015

Copyright Office