

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

**Full Legal Name of Service Provider:** Gordon & Rees LLP.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** VLS Pharmacy, Lenox Hill Pharmacy  
New Drug Loft Pharmacy

**Address of Service Provider:** 500 Mamaroneck Ave., Suite 204, Harrison, NY 10528

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Gregory N. Brescia

**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):  
500 Mamaroneck Ave., Suite 204, Harrison, NY 10528

**Telephone Number of Designated Agent:** 914.777.2225

**Facsimile Number of Designated Agent:** 914.709.4566

**Email Address of Designated Agent:** gbrescia@gordonrees.com

**Signature of Office Representative of the Designating Service Provider:**  
 Date: 9/7/2016

**Typed or Printed Name and Title:** Gopesh Patel, owner

**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](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**

**SCANNED  
FEB 01 2017**

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