

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

Full Legal Name of Service Provider: Group Ring, Inc.

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

Address of Service Provider: 2350 5th St. #B1, Fort Lee, NJ 07024

Name of Agent Designated to Receive Notification of Claimed Infringement: Christopher D. Malon

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):
Group Ring, Inc., 2037 Lemoine Ave. #130, Fort Lee, NJ 07024

Telephone Number of Designated Agent: 551-574-8474

Facsimile Number of Designated Agent: 201-482-0737

Email Address of Designated Agent: dmca@groupring.net

_____ Representative of the Designating Service Provider:
_____ Date: August 5, 2014

Typed or Printed Name and Title: Christopher D. Malon, 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**

Scanned
AUG 25 2014



Received
AUG 08 2014
Copyright Office