

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

**Full Legal Name of Service Provider:** Harmony Health & Beauty, Inc.

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

**Address of Service Provider:** 287 Bowman Avenue, Purchase, NY 10577

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Martha Kausch

**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):  
Harmony Health & Beauty, 287 Bowman Avenue, Purchase, New York 10577

**Telephone Number of Designated Agent:** 914-510-9390

**Facsimile Number of Designated Agent:** 914-701-0315

**Email Address of Designated Agent:** copyright@hhbeauty.com

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted] Date: 12-7-2010

**Typed or Printed Name and Title:** PETER G. COLE CEO

**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)**

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JAN 07 2011

Mail the form to:  
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Washington, DC 20024



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