

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

Full Legal Name of Service Provider: HISTORY IT LLC

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

Address of Service Provider: 245 COMMERCIAL ST., #201, PORTLAND ME, 04101
~~ORLAND~~

Name of Agent Designated to Receive Notification of Claimed Infringement: SARAH MARCUS

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):

245 COMMERCIAL ST., #201
PORTLAND, ME 04101

Telephone Number of Designated Agent: 207.956.0875

Facsimile Number of Designated Agent: —

Email Address of Designated Agent: SM@historyit.com



Designating Service Provider: _____
Date: 8/7/2013

Typed or Printed Name and Title: SARAH MARCUS, VICE 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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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