

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

**Full Legal Name of Service Provider:** James C Salwitz - http://eastbrunswick.patch.com/\_posts/

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

**Address of Service Provider:** 205 Easton Ave, New Brunswick, NJ 08901

**Name of Agent Designated to Receive Notification of Claimed Infringement:** James C. Salwitz

**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):  
205 Easton Ave, New Brunswick, NJ 08901

**Telephone Number of Designated Agent:** 732 828-9570

**Facsimile Number of Designated Agent:** 732 828-0670

**Email Address of Designated Agent:** jsalwitz@Longcall.com

**Name of Designating Service Provider:** \_\_\_\_\_

**Date:** 06/03/2011

**Designated Agent Title:** James C. Salwitz, MD

JUN 07 2011  
*(Handwritten initials)*

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FEB 24 2012

**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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