

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

Full Legal Name of Service Provider: KNR Health and Beauty LLC

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

Address of Service Provider: 1511 1/2 Spanish Cove Drive

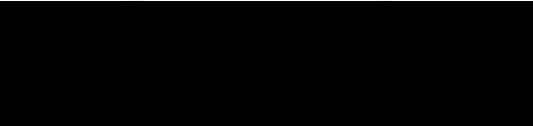
Name of Agent Designated to Receive Notification of Claimed Infringement: Karl Purswell

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):
1511 Spanish Cove Drive Crosby, Texas 77532

Telephone Number of Designated Agent: (281) 324-4007

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: karlp@knrhealthandbeauty.com

 **Signature of the Designating Service Provider:** _____
Date: July 19th, 2015

Typed or Printed Name and Title: Karl Purswell Manager

**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 03 2015**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**Received
JUL 27 2015
Copyright Office**