

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

**Full Legal Name of Service Provider:** KONTOR Inc.

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

**Address of Service Provider:** 394 Broadway 2nd Floor, New York, NY, 10013

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mia Lewin

**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):  
394 Broadway 2nd Floor, New York, NY 10013

**Telephone Number of Designated Agent:** 347-656-1478

**Facsimile Number of Designated Agent:** 646-390-3461

**Email Address of Designated Agent:** mia@kontor.com

**Signature of Official Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: April 22nd, 2015

**Typed or Printed Name and Title:** Mia Lewin, Founder CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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