

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

Full Legal Name of Service Provider: Legal Services Link, LLC

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

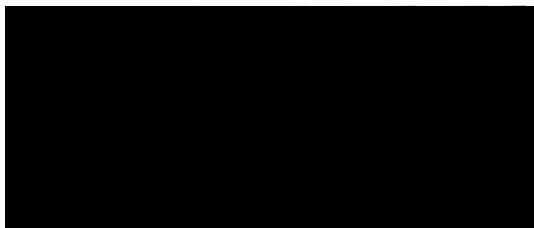
Address of Service Provider: 1601 Barbury Rd., Inverness IL 60067

Name of Agent Designated to Receive Notification of Claimed Infringement: Matthew Horn

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): 1601 Barbury Rd., Inverness IL 60067

Telephone Number of Designated Agent: 847-404-9449

Facsimile Number of Designated Agent: N/A

 Email: Matthew.w.horn@gmail.com

Name of the Designating Service Provider: _____
Date: 8/26/15

Typed or Printed Name and Title: Matthew Horn, President

**Note: This ~~Designation~~ 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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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