

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

Additional fee of \$105
for each additional
agent indexing
under this one name.

Full Legal Name of Service Provider: Life Guides, Inc.

Additional \$35
for each additional
group of 10
agents.

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

Address of Service Provider: 56 Whitehead road Cohasset, MA 02025

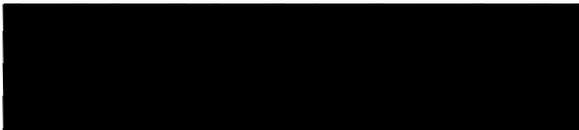
Name of Agent Designated to Receive Notification of Claimed Infringement: Phillip Strazzella

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): 56 white head rd Cohasset MA 02025

Telephone Number of Designated Agent: 617 797 9220

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@life guides .me



Name of the Designating Service Provider: _____
Date: 6/20/14

Typed or Printed Name and Title: Phillip Strazzella 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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JUN 30 2014
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