

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

Full Legal Name of Service Provider: LOCAL WRITE UP, LLC

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

Address of Service Provider: 14 PENN PLAZA, SUITE 2105, NEW YORK, NY 10122

Name of Agent Designated to Receive Notification of Claimed Infringement: MATTHEW TAUB, ESQ.

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):
14 PENN PLAZA, SUITE 2105, NEW YORK, NY 10122

Telephone Number of Designated Agent: 347-621-8742

Facsimile Number of Designated Agent: 646-429-9806

Email Address of Designated Agent: localwriteup@gmail.com

Signature of Representative of the Designating Service Provider: _____
Date: 11/06/2013

Typed or Printed Name and Title: TUDOR F. CAPUSAN, ESQ.
ATTORNEY/REPRESENTATIVE

**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



Scanned
DEC 05 2013

Received
NOV 18 2013
Copyright Office