

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

Full Legal Name of Service Provider: Massage At Work, LLC

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

Address of Service Provider: 6 Horizon Road, #2606 Fort Lee, NJ 07024

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Leonardo Ranieri

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):
6 Horizon Road #2606 Fort Lee, NJ 07024

Telephone Number of Designated Agent: 201-886-9680

Facsimile Number of Designated Agent: 201-886-1017

Email Address of Designated Agent: leo@massageatworkusa.com

Signature of Representative of the Designating Service Provider:

Date: 1/7/13

Title: Leonardo Ranieri, 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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