

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

Full Legal Name of Service Provider: Mend VIP, Inc.

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

Address of Service Provider: 4767 New Broad Street Orlando, FL 32814

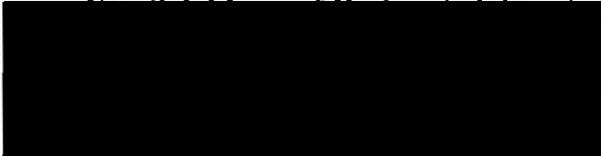
Name of Agent Designated to Receive Notification of Claimed Infringement: Matt McBride

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):
4767 New Broad Street Orlando, FL 32814

Telephone Number of Designated Agent: (800) 490-2788

Facsimile Number of Designated Agent: (407) 907-6754

Email Address of Designated Agent: bestservice@mendfamily.com



Signature of the Designating Service Provider: _____
Date: 4/19/15

Typed or Printed Name and Title: Matt McBride - CEO

**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
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