

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

Full Legal Name of Service Provider: My camp Link LLC

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

Address of Service Provider: P.O. Box 960331 , 143 Doughty Blvd., Inwood NY 11096

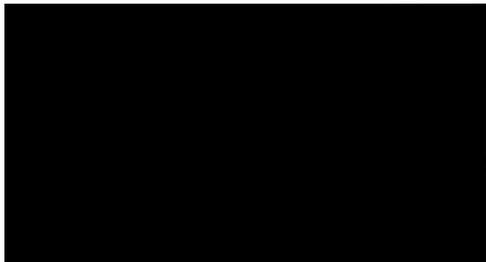
Name of Agent Designated to Receive Notification of Claimed Infringement: Amy Carino

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):
P.O. Box 960331 , 143 Doughty Blvd., Inwood NY 11096

Telephone Number of Designated Agent: 718-285-6969

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@mycamplink.com



Signature of the Designating Service Provider: _____
Date: 1/13/16
Name: Aaron Jonas, Owner

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

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Copyright Office**