

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

Full Legal Name of Service Provider: Network Capacity Solutions, Inc.

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

Address of Service Provider: 1100 N. Glebe Road, Suite 1010, Arlington, VA 22201

Name of Agent Designated to Receive Notification of Claimed Infringement: Gabriel Venturi

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):
1100 N. Glebe Road, Suite 1010, Arlington, VA 22201

Telephone Number of Designated Agent: 866-323-4627 ext 704

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: gventuri@n-c-s.net



Date: 11-11-15

Typed or Printed Name and Title: Gabriel Venturi, Chief Operating Officer

**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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