

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

Full Legal Name of Service Provider: NSONE Inc.

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

Address of Service Provider: 20 Exchange Place #5104, New York, NY 10005

Name of Agent Designated to Receive Notification of Claimed Infringement: Alexander Vayl

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):
20 Exchange Place #5104, New York, NY 10005

Telephone Number of Designated Agent: +1-855-438-6766

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: abuse@nsone.net

Officer or Representative of the Designating Service Provider: _____
Date: 02/17/2014

Typed or Printed Name and Title: Alexander Vayl, SVP of Sales and Marketing

**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**

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Mail the form to:
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