

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

Full Legal Name of Service Provider: Nurses Off The Clock, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): www.nursesofftheclock.com
WWW.NOTC.CO

Address of Service Provider: PO Box 15243, Plantation, Florida 33318

Name of Agent Designated to Receive Notification of Claimed Infringement: Yordis Morrison

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):
7840 NW 54th Street, Lauderdale
Florida 33351

Telephone Number of Designated Agent: 954-648-1485

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Yordismorrison@yahoo.com

Designating Service Provider: _____
Date: 8/30/2013

Typed or Printed Name and Title: Yordis Morrison

**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**

Scanned
OCT 31 2013

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



Received
OCT 22 2013
Copyright Office