

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

**Full Legal Name of Service Provider:** Online Allergies, Inc.

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

**Address of Service Provider:** P.O. Box 2105 Toluca Lake, Ca 91610

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jason Bierfeld

**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): 225 N. Rose St. #214 Burbank, Ca 91505

**Telephone Number of Designated Agent:** 818-955-9417

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** jason@onlineallergies.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: March 3, 2012

**Typed or Printed Name and Title:** Jason Bierfeld, Co-Founder & Secretary / Treasurer

**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  
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