

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

Full Legal Name of Service Provider: Pay As You Stay Inc

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): As You Stay, PAYS, AYS

www.asyoustay.com www.getpays.com
Pay As You Stay

Address of Service Provider: 545 Fifth Ave New York, NY 10017

Name of Agent Designated to Receive Notification of Claimed Infringement: Ofer Helfman

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):
545 Fifth Ave New York, NY 10017

Telephone Number of Designated Agent: 1-855-321-6561

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: support@asyoustay.com

 **Representative of the Designating Service Provider:** _____
Date: June 6, 2016

Typed or Printed Name and Title: Ofer Helfman CEO

**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

SCANNED
MAR 06 2017

Received
JUN 16 2016
Copyright Office