

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

**Full Legal Name of Service Provider:** Persistence Plus, LLC

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

**Address of Service Provider:** P.O. Box 425454, Cambridge, MA 02142

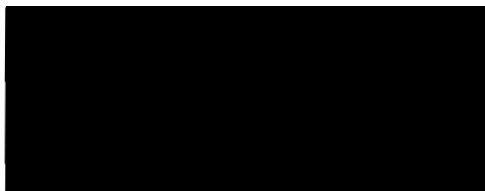
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Margaret Jaques-Leslie

**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):  
50 Terminal Street, Building 2, Suite 716  
Charlestown, MA 02129

**Telephone Number of Designated Agent:** 617-863-7105

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

**Email Address of Designated Agent:** margaret@persistenceplusnetwork.com



**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 6/13/14

**Title:** Margaret Jaques-Leslie, Senior Operations Lead

**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](http://www.copyright.gov/docs/fees.html)**

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