

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

Full Legal Name of Service Provider: QuitSmoking.com, Inc

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

Address of Service Provider: 3675 Glennvale Ct., Cumming, GA 30041

Name of Agent Designated to Receive Notification of Claimed Infringement: Fred Kelley

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):
3675 Glennvale Ct. Cumming, GA 30041

Telephone Number of Designated Agent: 770-346-9222

Facsimile Number of Designated Agent: 770-475-5007

Email Address of Designated Agent: info@quitsmoking.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-10-2010

Typed or Printed Name and Title: Fred Kelley, President

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**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:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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