

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

**Full Legal Name of Service Provider:** \_\_\_\_\_  
Relative Emotion Enterprises, 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 220186, Great Neck, NY 11022 \_\_\_\_\_

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael H. Sproule, Esq. \_\_\_\_\_

**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):  
488 Madison Avenue, 11th Floor, New York, NY 10022 \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number of Designated Agent:** 212-308-8505 \_\_\_\_\_

**Facsimile Number of Designated Agent:** 212-308-8582 \_\_\_\_\_

**Email Address of Designated Agent:** msproule@akabas-sroule.com \_\_\_\_\_

\_\_\_\_\_ of the Designating Service Provider:  
Date: 8/6/13 \_\_\_\_\_

Typed or Printed Name and Title: Michael H. Sproule \_\_\_\_\_  
\_\_\_\_\_

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