

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

Full Legal Name of Service Provider: _____

Samantha Stauch, LLC

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

Address of Service Provider: 8215 Church Rd, Grosse Ile, MI 48138

Name of Agent Designated to Receive Notification of Claimed Infringement: _____

Samantha Eyster

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):

8215 Church Rd, Grosse Ile, MI 48138

Telephone Number of Designated Agent: (810) 728-8793

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: samantha.m.stauch.athm@gmail.com

Name of the Designating Service Provider:

Date: 1/12/16

Typed or Printed Name and Title: Samantha Eyster

**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

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Copyright Office