

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

Full Legal Name of Service Provider: SAYLII VENTURES, LLC

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

Address of Service Provider: 477 State Route 11 #116, Champlain NY 12919

Name of Agent Designated to Receive Notification of Claimed Infringement: Esther Kuperman

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):

477 State Route 11 #116
Champlain NY 12919

Telephone Number of Designated Agent: 347-850-3273

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: esther@saylii.com

_____ Representative of the Designating Service Provider:
_____ Date: 05/ 28/ 2014

Typed or Printed Name and Title: Esther Kuperman
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:
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