

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

Full Legal Name of Service Provider: Share Your Good Day NFP

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

Address of Service Provider: 1001 Green Bay Rd, Suite 201, Winnetka, IL 60093

Name of Agent Designated to Receive Notification of Claimed Infringement: Gabriel Kain

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):
1001 Green Bay Rd, Suite 201, Winnetka, IL 60093

Telephone Number of Designated Agent: 847-835-1991

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: info@shareyourgoodday.org



Signature of the Designating Service Provider: _____
Date: 10/2/2014

Typed or Printed Name and Title: _____
Gabriel Kain, 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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

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Copyright Office**