

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

Full Legal Name of Service Provider: Shining Light Technologies

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

Address of Service Provider: 482 Stanford Rd, Fairless Hills PA 19030

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephen Allinson

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): 482 Stanford Rd, Fairless Hills PA 19030

Telephone Number of Designated Agent: 215-880-3847

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: sallinson@shininglighttech.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 4/22/16

Typed or Printed Name and Title: Stephen Allinson, President

**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

**SCANNED
MAY 13 2016**

Received
MAY 05 2016
Copyright Office

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