

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

Basic fee of \$105  
covers indexing  
of this one name.

**Full Legal Name of Service Provider:** SISSY SPIKES, INC

Additional \$30  
per group of 10  
or fewer.

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

**Address of Service Provider:** 1134 W. Granada Blvd, Ormond Beach, FL

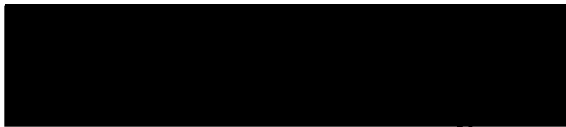
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rita P. Spikes 32174

**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):** 1134 W. Granada Blvd, Ormond Beach, FL 32174

**Telephone Number of Designated Agent:** 386 673 7001

**Facsimile Number of Designated Agent:** 386 673 7469

**Email Address of Designated Agent:** sisssyspikes@remax.net



**Designating Service Provider:**  
**Date:** 6/1/18

**Typed or Printed Name and Title:** Rita P. Spikes, Broker/owner

**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](http://www.copyright.gov/docs/fees.html)**

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