

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

Full Legal Name of Service Provider: Studio SSS LLC

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

Address of Service Provider: 13 Steepleview Drive Hudson, OH 44236

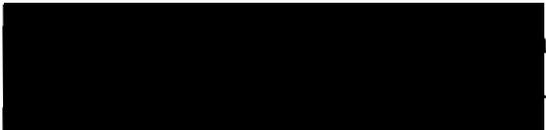
Name of Agent Designated to Receive Notification of Claimed Infringement: Nate Padavick or Salli Swindell

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):
13 Steepleview Drive, Hudson, Ohio 44236

Telephone Number of Designated Agent: 760.705.8888/614.571.8208

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: nate@theydrawandcook.com

 **Signature of the Designating Service Provider:** _____
Date: 4/28/15

Typed or Printed Name and Title: Alan M. Harris, Attorney at Law

**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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MAY 05 2015
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