

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

Full Legal Name of Service Provider: THERA-PEER, INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Thera-Peer.com

Address of Service Provider: 41 Union Square West, Suite 325, New York, NY 10003

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Maria Gambino, Owner/Founder

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):
41 Union Square West, Suite 325, New York, NY 10003

Telephone Number of Designated Agent: 877-977-7337

Facsimile Number of Designated Agent: 877-977-7337

Email Address of Designated Agent: maria@thera-peer.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/8/11

Typed or Printed Name and Title: Maria Gambino, Owner/Founder

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



Received

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Copyright Office

DEC 29 2011