

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Timmy's Town Center

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

Address of Service Provider: 108 N. Washington Ave Suite 400
Scranton PA 18503

Name of Agent Designated to Receive Notification of Claimed Infringement: Alexis Kelly

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):

same as above

Telephone Number of Designated Agent: 570-504-3200

Facsimile Number of Designated Agent: 570-504-3209

Email Address of Designated Agent: info@timmystowncenter.org

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 10-16-08

Typed or Printed Name and Title: Alexis Kelly, President

SCANNED 10/30-2008

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



RECEIVED

OCT 24 2008

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