

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

Full Legal Name of Service Provider: TOUR SLEEPER

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

Address of Service Provider: 15 OLD WOOD ROAD, No Attleboro, MA
02760

Name of Agent Designated to Receive Notification of Claimed Infringement: DAN BERGERON

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): 15 OLD WOOD ROAD, No Attleboro, MA 02760

Telephone Number of Designated Agent: 888-412-3590

Facsimile Number of Designated Agent: 888-412-3590

Email Address of Designated Agent: INFO@TOURSLLEEPER.COM

 tive of the Designating Service Provider:
Date: 5/2/16

Typed or Printed Name and Title: DAN BERGERON CEO

**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
JUN 05 2016

Received
MAY 12 2016
Copyright Office

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