

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

Full Legal Name of Service Provider: Travel Honey, Inc.

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

Address of Service Provider: PO Box 370371, Boston, MA 02116

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Katherine Ward

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):
209 West Canton Street, Apt 1, Boston, MA 02116

Telephone Number of Designated Agent: 1-844-344-8755

Facsimile Number of Designated Agent: 1-844-344-8755

Email Address of Designated Agent: kward@travelhoney.com

Signature of Officer or Representative of the Designating Service Provider:
 Date: 10/20/16

Typed or Printed Name and Title: Katherine Ward, President

**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
FEB 06 2017**

Received

Copyright Office