

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

Full Legal Name of Service Provider: Vacation Finder, LLC

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

Address of Service Provider: 319 S. Irby Street, Florence, SC 29501

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Ben Klosowski, Esq.

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):
Thrive IP®, 5401 Netherby Lane, Suite 102A, North Charleston, SC 29420

Telephone Number of Designated Agent: 864.834.8429

Facsimile Number of Designated Agent: 866.747.2595

Email Address of Designated Agent: Ben.Klosowski@Thrive-IP.com

Signature of Designating Service Provider: _____
Date: September 24, 2014

Typed or Printed Name and Title: Ben Klosowski, Esq.

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**

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Received
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