

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

Full Legal Name of Service Provider: Vital Network Group, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): VitalNG, VitalNG.com, VitalNG.net

Address of Service Provider: 411 Walnut Street #9205 Green Cove Springs, FL 32043

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Adams

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):
Vital Network Group, LLC Attn: DMCA 411 Walnut Street #9205
Green Cove Springs, FL 32043-3443

Telephone Number of Designated Agent: (904) 594-3008

Facsimile Number of Designated Agent: (904) 594-3008

Email Address of Designated Agent: dmca@vitalng.com



Representative of the Designating Service Provider: _____
Date: 1-15-2013

Typed or Printed Name and Title: Robert J. Adams MGRM

**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



Scanned

FEB 08 2013

Received

JAN 30 2013

Copyright Office