

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

Full Legal Name of Service Provider: Wendy Kaminer

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

Address of Service Provider: 31 St. James Avenue, Suite #1007, Boston, MA 02116

Name of Agent Designated to Receive
Notification of Claimed Infringement: Wendy Kaminer

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):
31 St. James Avenue, Suite #1007, Boston, MA 02116

Telephone Number of Designated Agent: (617) 338-8855

Facsimile Number of Designated Agent: (617) 338-2100

Email Address of Designated Agent: info@wendykaminer.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: May 7, 2009

Typed or Printed Name and Title: Wendy Kaminer

SCANNED 05 28 - 2009

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



RECEIVED

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