

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

Full Legal Name of Service Provider: Clover Key Corporation

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

Address of Service Provider: 59 Vardon Way Farmingdale, NJ 07727

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Lynn Cohen

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):
59 Vardon Way Farmingdale, NJ 07727

Telephone Number of Designated Agent: 732.919.0414

Facsimile Number of Designated Agent: 732.919.0411

Email Address of Designated Agent: sales@cloverkeyjewelry.com

Signature of Designating Service Provider:
[Redacted Signature]
Date: June 10, 2010

Typed or Printed Name and Title: Lynn Cohen, 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.htm**

Mail the form to:
**Copyright RRP
P.O. Box 71537
Washington, DC 20024**



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