



Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: COVERS MEDIA GROUP

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

Address of Service Provider: UNIT # 6 SIRIUS CENTRE NORTHPOINT TUAM ROAD GALWAY CITY IRELAND

Name of Agent Designated to Receive Notification of Claimed Infringement: BILL ORGAN

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): SAME AS PROVIDER

Telephone Number of Designated Agent: +353-91-759745

Facsimile Number of Designated Agent:

Email Address of Designated Agent: BOORGAN@COVERSMEDIA.COM

Signature of Officer or Representative of the Designating Service Provider: [Redacted] Date: 6/21/2011

Typed or Printed Name and Title: BILL ORGAN - MANAGING DIRECTOR

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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