

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

Full Legal Name of Service Provider: Essential Marketing Systems, Inc.

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

Address of Service Provider: 821 Kumulani Drive, Kihei, HI 96753

Name of Agent Designated to Receive Notification of Claimed Infringement: Susan Sommers

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):
821 Kumulani Drive, Kihei HI 96753

Telephone Number of Designated Agent: 808-205-7322

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: susansommers@gmail.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2/1/2012

Typed or Printed Name and Title: Susan Sommers Secretary/Treasurer

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