

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

Full Legal Name of Service Provider: EYEIST, LLC

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

Address of Service Provider: 1880 CENTURY PARK EAST #1600
LOS ANGELES, CA 90067

Name of Agent Designated to Receive Notification of Claimed Infringement: ALLEGRA WILDE

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): 1880 CENTURY PARK EAST #1600
LOS ANGELES, CA. 90067

Telephone Number of Designated Agent: 414-939-3478

Facsimile Number of Designated Agent:

Email Address of Designated Agent: INFO@EYEIST.COM



Signature of the Designating Service Provider: _____
Date: 6/25/12

Typed or Printed Name and Title: ALLEGRA WILDE · MANAGER

**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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