

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

**Full Legal Name of Service Provider:** IDTheftSecurity.comInc

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

**Address of Service Provider:** POB 15145 Boston, MA 02215

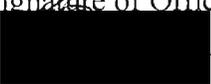
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert Siciliano

**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):  
2A Mermaid Avenue Revere, MA 02151

**Telephone Number of Designated Agent:** 617-257-1870

**Facsimile Number of Designated Agent:** 877-852-1769

**Email Address of Designated Agent:** robertsiciliano@gmail.com

**Signature of Officer or Representative of the Designating Service Provider:**  
 Date: 11/2/10

**Typed or Printed Name and Title:** Robert Siciliano CEO

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
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