

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

Full Legal Name of Service Provider: Personal Continuity Group, Inc

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

Address of Service Provider: _____

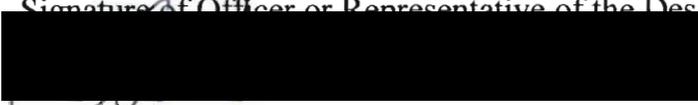
Name of Agent Designated to Receive Notification of Claimed Infringement: Naomi Ifhar

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):
Forte 560 Sylvan Avenue, 1st Floor Englewood Cliffs, NJ 07632

Telephone Number of Designated Agent: 201-266-4033

Facsimile Number of Designated Agent: 201-266-4033

Email Address of Designated Agent: info@personalcontinuitygroup.com

Signature of Officer or Representative of the Designating Service Provider:
 _____
Date: 04/05/2011

Typed or Printed Name and Title: Joshua levine, Chairman and Co-founder

**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:
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