

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

**Full Legal Name of Service Provider:** Reed and Barton Corporation

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

**Address of Service Provider:** 144 West Britannia Street Taunton, MA 02780

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kim Madden

**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):  
Reed & Barton Corporation 144 West Britannia Street Taunton, MA Attn: Kim Madden

**Telephone Number of Designated Agent:** (508) 977-8308

**Facsimile Number of Designated Agent:** (508) 822-5905

**Email Address of Designated Agent:** kmadden@reedbarton.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 10/18/11

**Typed or Printed Name and Title:** Tim Riddle President & CEO Reed & Barton Corporation

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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