

SR 1-347977613

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: ARTISTIC WALLS, LLC

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

Address of Service Provider: 1821 WALDEN OFFICE SQUARE STE 400
PENNAUMBURG, IL 60173

Name of Agent Designated to Receive Notification of Claimed Infringement: MICHAEL W. HABER

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):
1821 WALDEN OFFICE SQUARE STE 400
PENNAUMBURG, IL 60173

Telephone Number of Designated Agent: 847 397 4205

Facsimile Number of Designated Agent: 847 303 1121

Email Address of Designated Agent: mhaber@THEWORLDofWREN.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/23/10

Typed or Printed Name and Title: M W HABER 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 RRP
P.O. Box 71537
Washington, DC 20024



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