

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

Full Legal Name of Service Provider: Association for Cultural Equity

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

Address of Service Provider: 425 East 25th Street, Room 1000, New York, NY 10010

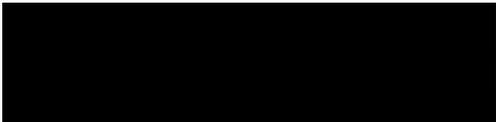
Name of Agent Designated to Receive Notification of Claimed Infringement: Kiki Smith-Archiapatti

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):
Association for Cultural Equity, Att: Kiki Smith-Archiapatti
425 East 25th Street, Room 1000, New York, NY 10010

Telephone Number of Designated Agent: 212-268-4623 x11

Facsimile Number of Designated Agent: n/a

Email Address of Designated Agent: dmca@culturalequity.org

 **Signature of the Designating Service Provider:** _____
Date: 12/10/2015

Typed or Printed Name and Title: Kiki Smith-Archiapatti
Associate Director

**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**

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JAN 21 2016

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

Received
DEC 16 2015
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