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Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Beady Medical

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

Universal Apps LLC

Address of Service Provider: 8805 Tamiami Trail #236 Naples, FL 34108

Name of Agent Designated to Receive Notification of Claimed Infringement: Vahid R Wafapoor

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):

8805 Tamiami Trail #236 Naples, FL 34108

Telephone Number of Designated Agent: 239-206-4372

Facsimile Number of Designated Agent: 239-247-4229

Email Address of Designated Agent: myuniversalapps@gmail.com

Signature of the Designating Service Provider: _____
Date: 12-03-2012

Typed or Printed Name and Title: Hussein Wafapoor, member

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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