

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

Full Legal Name of Service Provider: Connective Contacts, Inc.

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

Address of Service Provider: 175 Riverside Drive, #2L, New York, NY 10024

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gregory Boyer

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):
175 Riverside Drive, #2L, New York, NY 10024

Telephone Number of Designated Agent: 201-665-4279

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: gboyer@connectivecontacts.com

[Redacted] of the Designating Service Provider:
Date: 11/8/13

Typed or Printed Name and Title: ~~President~~ Gregory Boyer, President

**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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FEB 28 2014

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FEB 20 2014
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