

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

Full Legal Name of Service Provider: CubeSmart, LP

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

Address of Service Provider: 460 E. Swedesford Road, Suite 3000, Wayne, PA 19087

Name of Agent Designated to Receive Notification of Claimed Infringement: CubeSmart Copyright Administrator

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):
460 E. Swedesford Road, Suite 3000, Wayne, PA 19087

Telephone Number of Designated Agent: 610.989.5435

Facsimile Number of Designated Agent: 610.293.5720

Email Address of Designated Agent: ~~privacy@cube.com~~ privacy@cubesmart.com

Signature of Representative of the Designating Service Provider: _____
Date: 2/12/13

Typed or Printed Name and Title: CubeSmart Copyright Administrator
Jaelyn Hegan

**Note: This Interim Designation Must be Accompanied by a Filing Fee* - \$105.00
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**

**Scanned
MAR 29 2013**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Received
MAR 21 2013
Copyright Office**