

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

**Full Legal Name of Service Provider:** ECAPE, INC.

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

**Address of Service Provider:** 900 Route 134, South Dennis, MA 02660

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jay Brooks

**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):  
Jay Brooks, C/O ECAPE, INC., South Dennis, MA 02660

**Telephone Number of Designated Agent:** 5083850003

**Facsimile Number of Designated Agent:** 5083852777

**Email Address of Designated Agent:** jay@ecape.com

**Designating Service Provider:**

**Date:** 11/5/2012

**Typed or Printed Name and Title:** Secretary, JAY BROOKS

**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](http://www.copyright.gov/docs/fees.html)**

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