

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

Full Legal Name of Service Provider: FAT DISORDERS RESEARCH SOCIETY
(FDRS)

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

Address of Service Provider: 1 LITTLE WEST 12TH STREET
NEW YORK, NY 10014

Name of Agent Designated to Receive Notification of Claimed Infringement: FELICITIE DAFTUAR

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):

1 LITTLE WEST 12TH STREET
NEW YORK, NY 10014

Telephone Number of Designated Agent: 855-593-9675

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: felicitie@fatdisorders.org



Representative of the Designating Service Provider: _____
Date: 03/24/14

Title: FELICITIE DAFTUAR, 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**

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

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