Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Go Try IT ON, INC.

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

Address of Service Provider: 11 E 1st Street, PH05, NY, NY, 10003

Name of Agent Designated to Receive Notification of Claimed Infringement: MARISSA EVANS

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):
Same

Telephone Number of Designated Agent: 781-856-0554

Facsimile Number of Designated Agent:

Email Address of Designated Agent: marissa@gotryiton.com

Signature of Officer or Representative of the Designating Service Provider:
[redacted] Date: 12-6-10

Typed or Printed Name and Title: MARISSA EVANS, CEO & President, GO TRY IT ON, INC

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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