

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

Full Legal Name of Service Provider: _____
Lavaan DL LLC

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

Address of Service Provider: _____
1196 Lexington Ave NY, NY 10028

Name of Agent Designated to Receive Notification of Claimed Infringement: _____
Jeffrey Rappaport

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):

Telephone Number of Designated Agent: _____
212.879.1845

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: _____
jeff@aforacare.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/6/2016

Typed or Printed Name and Title: _____
Jeffrey Rappaport Owner

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
JUN 03 2016**

**Received
MAY 19 2016
Copyright Office**

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