

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

**Full Legal Name of Service Provider:** Lifewrap Solutions, LLC

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

**Address of Service Provider:** 1770 First Street #702, Highland Park, IL 60035

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Deborah S. Roberts

**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): 1770 First Street #702, Highland Park, IL 60035

**Telephone Number of Designated Agent:** 847-707-0538

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** info@lifewrapsolutions.com

**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 5-5-15

**Typed or Printed Name and Title:** Deborah S. Roberts, Founder

**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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