

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

Full Legal Name of Service Provider: MyMomMemories LLC

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

Address of Service Provider: 5797 Wildwood Dr. Bridgman, MI 49106

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Sarah Fielding

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):
819 North Oak Park Ave.
OAK PARK, IL 60302

Telephone Number of Designated Agent: 312 850 1719

Facsimile Number of Designated Agent: 269 465 5208

Email Address of Designated Agent: sarah.fielding@gmail.com

S [Redacted Signature] representative of the Designating Service Provider:
Date: January 11, 2011

Typed or Printed Name and Title: John Immel, Vice 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 RRP
P.O. Box 71537
Washington, DC 20024



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