

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

Full Legal Name of Service Provider: Party EDU LLC

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

Address of Service Provider: 21530 Beechwood Rd Circleville, OH 43113

Name of Agent Designated to Receive Notification of Claimed Infringement: LucasThompson

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):
21530 Beechwood Rd Circleville, OH 43113

Telephone Number of Designated Agent: 740-395-7578

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: LucasThompson@PartyEDU.com

 Signature of the Designating Service Provider: _____
Date: March 30, 2015 03/30/2015

Typed or Printed Name and Title: Lucas Thompson, Chief Executive Officer

**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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