

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

**Full Legal Name of Service Provider:** Purchase Clinic, LLC

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Purchase Clinic, www.Purchaseclinic.com

**Address of Service Provider:** 6805 Canal Bridge Court, Potomac, MD 20854

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tiffany Sikes

**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):  
6805 Canal Bridge Court, Potomac MD 20854

**Telephone Number of Designated Agent:** 202-415-5268

**Facsimile Number of Designated Agent:** 301-476-4413

**Email Address of Designated Agent:** tiffany@expansionllc.com

**Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 11/5/13

**Typed or Printed Name and Title:** Tiffany Sikes, CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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