

Interim Designation of Agent to Receive Notification of Claimed Infringement

Basic fee of \$105
covers indexing
of this one name.

Full Legal Name of Service Provider: Rockin' Wellness

Additional \$30
per group of
10 or fewer.

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

Address of Service Provider: 2410 Farmers Ave Unit 13 Bellmore NY 11710

Name of Agent Designated to Receive Notification of Claimed Infringement: Rockin' Wellness

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):
2410 Farmers Ave #13 Bellmore, NY 11710

Telephone Number of Designated Agent: (855) 876-2593

Facsimile Number of Designated Agent: (407)386-6582

Email Address of Designated Agent: seth@rockinwellness.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** May 20, 2013

Typed or Printed Name and Title: Mr. Seth Luker, 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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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