

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

Full Legal Name of Service Provider: Supply Clinic, Inc.

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

Address of Service Provider: 1 W Superior St, Apt. 2917, Chicago, IL 60654

Name of Agent Designated to Receive Notification of Claimed Infringement: Jacob Drucker

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):
1 W Superior St, Apt. 2917, Chicago, IL 60654

Telephone Number of Designated Agent: 617-356-8033

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: jacob.drucker@gmail.com



Representative of the Designating Service Provider: _____
Date: 11/07/2014

Type of Infringement: Jacob Drucker, CEO

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office