

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

**Full Legal Name of Service Provider:** TopShelf Clothes, Inc.

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

**Address of Service Provider:** 175 Varick St, Floor 4, New York, NY 10014

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Katharine Nadler

**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):  
175 Varick St, Floor 4, New York, NY 10014

**Telephone Number of Designated Agent:** 917-825-8080

**Facsimile Number of Designated Agent:** N/A

**Email Address of Designated Agent:** Katie@topshelfclothes.com

**Name of Designating Service Provider:** \_\_\_\_\_  
**Date:** 12/3/2013  
**Name:** Katharine Nadler, Chief Executive Officer

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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