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

asic fee of \$105 overs indexing this one name.	Full Legal Name of Service Provider: VR1 Corporation	
r tewer.	Alternative Name(s) of Service Provider (including all names under wh provider is doing business): Ausani Cusani .com  VR1 med · com	ich the service
	Address of Service Provider: 68E 131st Street Suile 30	07 NYCNY 1003
	Name of Agent Designated to Receive Notification of Claimed Infringement: Michele Lakes	
	Full Address of Designated Agent to which Notification Should be Sent or similar designation is not acceptable except where it is the only address that can be used in the location):    68	
	Telephone Number of Designated Agent: 212 368 2500	
	Facsimile Number of Designated Agent: 212 320 0380	40) - 41, + + + + + + + + + + + + + + + + +
	Email Address of Designated Agent: Copynght@US1Med.Com	
	ve of the Designating Service Provider:  Date: 12[1] 13	
	Typed or Printed Name and Title: MICHELE HARRIS  CHIEF OPERATING OFFICE	ER.
	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 websi www.copyright.gov/docs/fees.html	JAN 3 1 2014
	Mail the form to:  Copyright I&R/Recordation P.O. Box 71537 Washington, DC 20024	Received  IAN 1 5 2014  Copyright Office