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

| Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):  One Distribution, Supra Footwear                                                                                                    | _       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Address of Service Provider:76, Avenue de la Liberte, L1930 Luxembourg                                                                                                                                                                                 | _       |
| Name of Agent Designated to Receive Notification of Claimed Infringement:                                                                                                                                                                              |         |
| 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):76, Avenue de la Liberte, L1930 Luxembourg |         |
| Telephone Number of Designated Agent:+352 (261) 90193                                                                                                                                                                                                  | _       |
| Facsimile Number of Designated Agent:+352 273 65316                                                                                                                                                                                                    |         |
| Email Address of Designated Agent:vbroekaert@onedist.com                                                                                                                                                                                               |         |
| Signature of Officer or Representative of the Designating Service Provider:                                                                                                                                                                            |         |
| Date: <u>05 10 2012</u>                                                                                                                                                                                                                                | _       |
| Typed or Printed Name and Title:Virginie Broekaert                                                                                                                                                                                                     | _       |
| 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                                                                                                                                            | Scanned |



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