

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

Full Legal Name of Service Provider: Starworks LLC

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

Capacitor Industry News, Capacitor News, BeagleOEM, Starworks

Address of Service Provider: PO Box 430, Sharon, MA 02067

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Spencer Simons

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):
7 Black Elk Road, Sharon, MA 02067

Telephone Number of Designated Agent: 508-654-1065

Facsimile Number of Designated Agent: 508-645-4065

Email Address of Designated Agent: ssimons@capacitorindustry.com

Signature of the Designating Service Provider: _____
Date: 3/21/2013

Typed or Printed Name and Title: Spencer L Simons, *Publisher*

**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:
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Washington, DC 20024**



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