

LABASH COPYRIGHT COUNTER NOTIFICATION

Full Name: _____

Email address: _____

Street Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Telephone Number: _____

I hereby request that you restore access to the following material: _____

URL(s) or Internet location of the content you believe was removed due to a mistake or misidentification: _____

Explanation of why you believe the content was removed as a result of mistake or misidentification: _____

I state, under penalty of perjury, that I have a good faith belief that the material was removed or disabled as a result of mistake or misidentification of the material to be removed or disabled.

_____ [check]

I consent to the jurisdiction of federal district court for the judicial district in which my provided address is located, or if my address is outside of the United States, for any judicial district in which the service provider may be found

_____ [check]

I will accept service of process from the person who provided notification under 17 U.S.C. § 512(c)(1)(c) or an agent of such person

_____ [check]

Your electronic or physical signature:

[By typing your full name here, you are providing us with your electronic signature. Your electronic signature is as legally binding as your physical signature. Please note that your signature must exactly match the first and last names that you entered at the top of this form.]