

Notification of Claimed Infringement



Please (a) fill out the following form completely, (b) print and sign it, and (c) mail or fax the signed form to the Registered Agent of Vistaprint:

Victoria Clifford Vistaprint 95 Hayden Avenue Lexington, MA 02421

Telephone:

Fax:

781.652.6300 781.652.6092

Dear Vistaprint,

I hereby certify under penalty of perjury that I am the owner, or am authorized to act on behalf of the owner, of the copyrighted work(s) identified below. I have a good faith belief that the use of the copyrighted work(s) described below is not authorized by the copyright owner, its agent, or the law. I am hereby requesting that you please promptly remove the infringing material or disable access to it.

Name of the Copy	yright Owner:				
Name and/or Desc	cription of the Copyright	ed Work(s) Being Infringed:			
Description of the	Infringing Material and I	nfringing Use:			
·					
Location of the Inf	fringing Material:				
can be contacted to					
can be contacted a	at:				
Name:					
		Company or Organization:			
		-			
Street Address:					
City:	State:	Postal Code/Zip:	Country:		
「elephone:	Fax:	Email:			
certify the truth of	the above information u	nder penalty of perjury.			
Signature:		Date:			