

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

Full Legal Name of Service Provider: At Home Kansas, Inc.

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

Address of Service Provider: 300 Rockfence Pl, Lawrence, KS 66049

Name of Agent Designated to Receive Notification of Claimed Infringement: Rob Lang

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):

300 Rockfence Pl
Lawrence, KS 66049

Telephone Number of Designated Agent: 785-393-2274

Facsimile Number of Designated Agent: 206-339-3199

Email Address of Designated Agent: Rob@AskRobLang.com

 **Designating Service Provider:** _____
Date: _____

Typed or Printed Name and Title: Rob Lang, Broker

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

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Copyright Office