

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

Full Legal Name of Service Provider: BloomReach

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

Address of Service Provider: 399 West El Camino Real, Suite 100, Mountain View, CA 94040

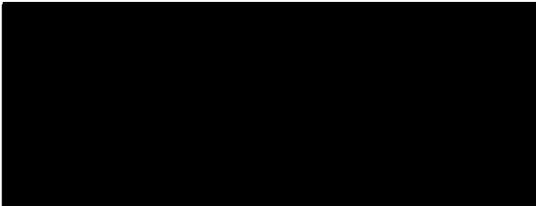
Name of Agent Designated to Receive Notification of Claimed Infringement: Joelle Kaufman

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):
399 West El Camino Real, Suite 100 Mountain View, CA 94040

Telephone Number of Designated Agent: 650-392-5527

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: joelle@bloomreach.com



Signature of the Designating Service Provider: _____
Date: 1/25/2012

Name of Designating Service Provider: Joelle Kaufman, Head of Marketing

**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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