

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

**Full Legal Name of Service Provider:** BrainFlips, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** none

**Address of Service Provider:** 5219 Pelham Road, Durham, NC 27713

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Christopher R. Rufe

**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):  
4800 Coachmans Landing Ct., Suite 301, Glen Allen, VA 23059

**Telephone Number of Designated Agent:** 203-445-8534

**Facsimile Number of Designated Agent:** 419-715-0926

**Email Address of Designated Agent:** copyright@brainflips.com

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** August 30, 2009

**Typed or Printed Name and Title:** Peter O. Rau, President

**SCANNED 10 06-2009**

**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](http://www.copyright.gov/docs/fees.html)**



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