

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

Full Legal Name of Service Provider: BurnAlong Inc.

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

Address of Service Provider: PO BOX 119, Brooklandville, MD 21022

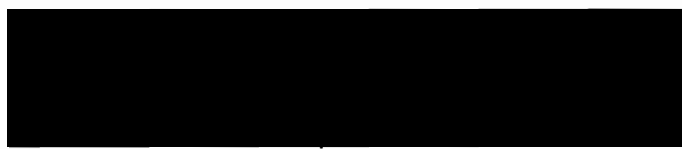
Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Kott

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):
34 Diamond Crest Ct
Baltimore, MD 21209

Telephone Number of Designated Agent: 410-484-2456

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Legal@BurnAlong.com



Designating Service Provider:
Date: 7.26.16

Typed or Printed Name and Title: Michael Kott
Co-CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee* \$105
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**

SCANNED
SEP 15 2016

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

Received
AUG 04 2016
Copyright Office

SA 1-3896333961