

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

Full Legal Name of Service Provider: California Residential Mitigation Program

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

Address of Service Provider: 801 K Street, Suite 1000, Sacramento, CA 95814

Name of Agent Designated to Receive Notification of Claimed Infringement: Janiele Maffei

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):
801 K Street, Suite 1000, Sacramento, CA 95814

Telephone Number of Designated Agent: (877) 232-4300

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@californiaresidentialmitigationprogram.com

Signature of Representative of the Designating Service Provider: _____
Date: 9/25/13

Typed or Printed Name and Title: Janiele Maffei, Executive Director

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Scanned
OCT 31 2013**

**Received
OCT 22 2013
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