

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

Full Legal Name of Service Provider: Capacity Exchange, LLC

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

Address of Service Provider: www.CapXGiving.com

Name of Agent Designated to Receive Notification of Claimed Infringement: Mike Mitchell

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):
65 Bryans Mill Way, Catonsville, MD 21228

Telephone Number of Designated Agent: 443-928-8867

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: mike@capxgiving.com



Designating Service Provider: _____
Date: 6/12/16

Typed or Printed Name and Title: Mike Mitchell, President/CEO

**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**

SCANNED

SEP 08 2016

Received

JUN 23 2016

Copyright Office

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