Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:	.capecod, Inc.	
#150	(please note the "dot" before the capecod)	
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):capecod, Inc. DBA .capecod		
Address of Service Provider: 721 Main S	Street, Main Street, Harwich, MA 02645	
Name of Agent Designated to Receive Notification of Claimed Infringement:	Deborah L. Rogers	
Full Address of Designated Agent to work or similar designation is not acceptable except where location): 721 Main Street, Harwich, MA	hich Notification Should be Sent (a P.O. Box e it is the only address that can be used in the geographic a 02645	
Telephone Number of Designated Ager	UDDA WERNANGE CORPORADOR	
Facsimile Number of Designated Agent	t: 508-430-1772	
Email Address of Designated Agent:	deb@c4.net	
Signature of Officer or Representative of	the Designating Service Provider: E P Date: 7/3/08	
Typed or Printed Name and Title: Debo	rah L. Rogers, Treasurer	

SCANNED 08-15/2008

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

Copyright GC/I&R P.O. Box 70400 Washington, DC 20024



