

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

Full Legal Name of Service Provider: College Confessions LLC

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

Address of Service Provider: 304 N. Broom Street Madison WI 53703

Name of Agent Designated to Receive Notification of Claimed Infringement: David Hookstead

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):
304 N. Broom Street Madison WI 53703

Telephone Number of Designated Agent: 608-886-3050

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: copyright@madisonconfessions.com



Designating Service Provider: _____
Date: 3/11/13

Typed or Printed Name and Title: David Hookstead, Member

**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

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Copyright Office

