

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

Full Legal Name of Service Provider: Community Venture Partners, Inc.

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

Address of Service Provider: 73 Surrey Avenue Mill Valley, CA 94941

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Silvestri

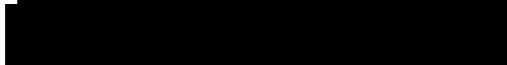
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
73 Surrey Avenue Mill Valley, CA 94941

Telephone Number of Designated Agent: 415-381-3887

Facsimile Number of Designated Agent: 415-888-2462

Email Address of Designated Agent: bsilvestri@communityventurepartners.org

 **Name of Designating Service Provider:** _____
Date: 3/25/2015

 **Title:** President

**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**

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MAR 31 2015
Copyright Office**