

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

Full Legal Name of Service Provider: Deako, Inc.

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

Address of Service Provider: 4517221stPlaceSW, MountlakeTerrace, WA, 98043

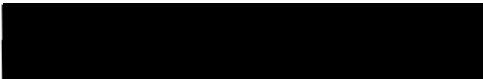
Name of Agent Designated to Receive Notification of Claimed Infringement: DerekRichardson

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):
4517221stPlaceSW, MountlakeTerrace, WA, 98043

Telephone Number of Designated Agent: 408-604-0604

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: dxr@deako.com

 Representative of the Designating Service Provider:
Date: 11-06-2015

Typed or Printed Name and Title: DerekRichardsonCEO

**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**

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DEC 16 2015**

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