

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

Full Legal Name of Service Provider: Digital Assurance Certification, LLC

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

Address of Service Provider: 390 N. Orange Ave., Suite 1750, Orlando, FL 32801

Name of Agent Designated to Receive Notification of Claimed Infringement: Paula Stuart

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):
390 N. Orange Ave., Suite 1750, Orlando, FL 32801

Telephone Number of Designated Agent: 407-515-1100

Facsimile Number of Designated Agent: 407-515-6513

Email Address of Designated Agent: support@dacbond.com

Signature of Representative of the Designating Service Provider: _____
Date: 12/20/2012

Typed or Printed Name and Title: Chief Executive Officer

**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**

**Scanned
JAN 25 2013**

**Received
JAN 04 2013
Copyright Office**

