

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

Full Legal Name of Service Provider: DoApp, Inc

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

Address of Service Provider: 1652 Greenview Drive Suite 220 Rochester, MN 55902

Name of Agent Designated to Receive Notification of Claimed Infringement: John Roberts

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):
235 Park Avenue, Suite 203 Minneapolis, Minnesota 55415

Telephone Number of Designated Agent: 612-659-8443

Facsimile Number of Designated Agent: 612-605-2320

Email Address of Designated Agent: jroberts@newcounsel.com



Representative of the Designating Service Provider: _____
Date: June 11, 2014

Typed or Printed Name and Title: Joe Sriver, Founder

**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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