

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

**Full Legal Name of Service Provider:** Ensofobi LLC

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

**Address of Service Provider:** 3911 south 3520 west, Salt Lake City, Utah, 84119

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jose A. Posada

**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):  
3911 south 3520 west, Salt Lake City, Utah, 84119

**Telephone Number of Designated Agent:** 1-801-809-0941

**Facsimile Number of Designated Agent:** none

**Email Address of Designated Agent:** ensofobi@hotmail.com

**Name of the Designating Service Provider:** \_\_\_\_\_  
**Date:** October 5, 2015

**Typed or Printed Name and Title:** Jose Posada, CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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\*Note: Current and adjusted fees are available on the Copyright website at  
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