

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

**Full Legal Name of Service Provider:** C.C. Filson Co.

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

**Address of Service Provider:** 1555 4th Ave. S., Seattle, WA 98134

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Joel Hamilton

**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): 1555 4th Ave. S., Seattle, WA 98134

**Telephone Number of Designated Agent:** (206) 805-3749

**Facsimile Number of Designated Agent:** (206) 624-4539

**Email Address of Designated Agent:** joel.hamilton@filson.com

**Signature of Officer or Representative of the Designating Service Provider:**

[Redacted Signature]

Date: 6-22-11

**Typed or Printed Name and Title:** JOEL HAMILTON  
CUSTOMER SERVICE MANAGER

**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](http://www.copyright.gov/docs/fees.html)**



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