

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

**Full Legal Name of Service Provider:** FlipClip Global

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

**Address of Service Provider:** 19 Orinda Way, Ste. L, Orinda, CA 94563

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rich Stachowski

**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):  
19 Orinda Way, Ste. L  
Orinda, CA 94563

**Telephone Number of Designated Agent:** 925-254-8610

**Facsimile Number of Designated Agent:** 925-254-4810

**Email Address of Designated Agent:** hello@flipclip.com

 **I, \_\_\_\_\_, the Designating Service Provider:**  
**Date:** 10-3-14

**Typed or Printed Name and Title:** Rich Stachowski, Secretary

**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)**

Mail the form to:  
**U.S. Copyright Office, Designated Agents**  
**P.O. Box 71537**  
**Washington, DC 20024-1537**

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**OCT 14 2014**  
**Copyright Office**