

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

**Full Legal Name of Service Provider:** Four Seasons Hotels Limited

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**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Four Seasons Hotels, Four Seasons Hotels and Resorts

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**Address of Service Provider:** 1165 Leslie Street Toronto, Ontario, Canada M3C 2K8

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**Name of Agent Designated to Receive Notification of Claimed Infringement:** General Counsel

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**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):  
1165 Leslie Street Toronto, Ontario, Canada M3C 2K8

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**Telephone Number of Designated Agent:** (416) 449-1750

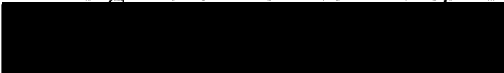
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**Facsimile Number of Designated Agent:** (416) 441-4349

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**Email Address of Designated Agent:** copyright@fourseasons.com

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**Signature of Officer or Representative of the Designating Service Provider:**  
 \_\_\_\_\_ **Date:** Jan 20, 2012

**Typed or Printed Name and Title:** Sarah Cohen, Executive Vice President, General Counsel and Secretary

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**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights.  
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