

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

Full Legal Name of Service Provider: FOXLIKE INCORPORATED

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

**Address of Service Provider:
505 BROADWAY E #255
SEATTLE, WA 98102**

**Name of Agent Designated to Receive Notification of Claimed Infringement:
SUSIE LEE**

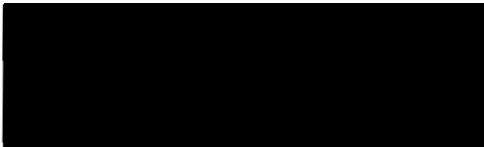
**Full Address of Designated Agent to Which Notification Should Be Sent:
523 11TH AVE E APT 201
SEATTLE, WA 98102**

Telephone Number of Designated Agent: 206-229-4529

Facsimile Number of Designated Agent: 206-258-8847

Email Address of Designated Agent: SUSIE@SIREN.MOBI

Signature of Officer or Representative of the Designating Service Provider:



_____ Date: SEPTEMBER 9, 2014

Typed or Printed Name and Title: SUSIE LEE, CEO

**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**

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SEP 25 2014

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