

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

Full Legal Name of Service Provider: Galois, Inc.

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

Address of Service Provider: 421 SW Sixth, Suite 300, Portland, OR 97204

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jodee LeRoux

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):
421 SW Sixth, Suite 300
Portland, OR 97204

Telephone Number of Designated Agent: 503.808.7209

Facsimile Number of Designated Agent: 503.214.8120

Email Address of Designated Agent: safe-harbor@galois.com

Scanned

JAN 13 2010

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature] Date: 12/13/2010

Typed or Printed Name and Title: Jodee LeRoux

Corporate 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**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



Received

JAN 13 2010

Copyright Office