

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

Full Legal Name of Service Provider: GRAPHITE PUBLISHING LLC

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: TIMOTHY C. TAKACH

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):
1300 W MEDICINE LAKE DR #116 ELYMOUTH, MN 55441

Telephone Number of Designated Agent: 612 961 0460

Facsimile Number of Designated Agent: 419.821.6507

Email Address of Designated Agent: takach@graphitepublishing.com

_____ Representative of the Designating Service Provider:
Date: 08.16.16

Typed or Printed Name and Title: TIMOTHY C TAKACH, VICE PRESIDENT

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

SCANNED
MAR 28 2017

Received
SEP 29 2016
Copyright Office