

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

**Full Legal Name of Service Provider:** Help Each Other Corporation

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

**Address of Service Provider:** 990 A Street Suite 402 San Rafael, CA 94901

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Shane Fontane

**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):

990 A Street Suite 402 San Rafael, CA 94901

**Telephone Number of Designated Agent:** 415-315-9719x710

**Facsimile Number of Designated Agent:** 415-454-2314

**Email Address of Designated Agent:** dmca@helpeachother.com

**Signature of Officer or Representative of the Designating Service Provider:**

\_\_\_\_\_  
Date: 9-21-09

**Typed or Printed Name and Title:** Kimya Hoffmann, Attorney at Law

**SCANNED 10 16 - 2009**



**RECEIVED**

SEP 28 2009

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