

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

Full Legal Name of Service Provider: Hi-Rez Studios, Inc.

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

Address of Service Provider: 3750 Brookside Parkway Suite 200 Alpharetta, GA 30022

Name of Agent Designated to Receive Notification of Claimed Infringement: Todd Harris

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):
3750 Brookside Parkway Suite 200 Alpharetta, GA 30022

Telephone Number of Designated Agent: 678-248-2969

Facsimile Number of Designated Agent: 678-623-5399

Email Address of Designated Agent: copyright@hirezstudios.com



Representative of the Designating Service Provider: _____
Date: 6/21/13

Name and Title: Todd Harris - Chief Operating Officer

**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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JUL 03 2013

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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