

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

Full Legal Name of Service Provider: I CHECK MY OWN BOX (ICMOB), LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): I CHECK MY OWN BOX, ICMOB, and ICMOB.ORG

Address of Service Provider: P.O. Box 16554 Dublin, GA 31040

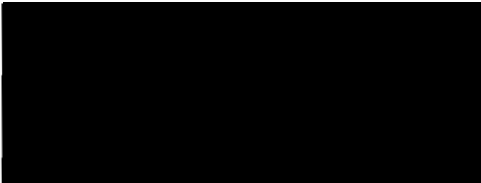
Name of Agent Designated to Receive Notification of Claimed Infringement: Suraayah Hunter

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):
400 Kingswood Drive, Dublin, GA 31021

Telephone Number of Designated Agent: (404) 663-0933

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: suraayahhunter@gmail.com



Signature of the Designating Service Provider: _____
Date: October 3, 2014

Suraayah Hunter, 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**

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

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