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

Full Legal Name	
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Address of Servic	Provider: 19 Benning for St, San Francisco, CA 94.110
	esignated to Receive TIMOTHY ROBERTS
Full Address of D or similar designation is	not acceptable except where it is the only address that can be used in the geographic  San Fancisco CA 94110
Telephone Numbe	r of Designated Agent: 415 287 0224
Facsimile Number	of Designated Agent:
	Designated Agent: WfeClioS.Co
Signature of Office	or Representative of the Designating Service Frovider:
	Date: 8/8/07

SCANNED 1 0 17-2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

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RECEIVED

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