

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

Full Legal Name of Service Provider: Inkshares, Inc.

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

Address of Service Provider: 1742 11th Avenue, San Francisco, CA 94122

Name of Agent Designated to Receive Notification of Claimed Infringement: Adam J. Gomolin

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): Inkshares, Inc., 71 Stevenson Place, 4th Floor, San Francisco, CA, 94115

Telephone Number of Designated Agent: (415) 890-6436

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: adam@inkshares.com



Representative of the Designating Service Provider: _____
Date: February 20, 2014

Typed or Printed Name and Title: Adam J. Gomolin, Chief Legal 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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Mail the form to:
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Washington, DC 20024



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