

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

**Full Legal Name of Service Provider:** Inked Playmats, Corp.

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

**Address of Service Provider:** 3257 SE Shoreline Dr, Corvallis, OR 97333

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Thomas Pool

**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):**

3257 SE Shoreline Dr  
Corvallis, OR 97333

**Telephone Number of Designated Agent:** 541-905-2165

**Facsimile Number of Designated Agent:** NONE

**Email Address of Designated Agent:** Thomas@inkedplaymats.com

**Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 8/1/13

**Typed or Printed Name and Title:** Thomas Pool - CEO Inked Playmats, Corp

**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](http://www.copyright.gov/docs/fees.html)**

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OCT 31 2013



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OCT 22 2013  
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