

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

Full Legal Name of Service Provider: InterConnection

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

Address of Service Provider: 3415 Stone Way N Seattle WA 98103

Name of Agent Designated to Receive Notification of Claimed Infringement: Charles Brennick

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):
3415 Stone Way N Seattle WA 98103

Telephone Number of Designated Agent: 206 310-4547

Facsimile Number of Designated Agent: 206 633-1517

Email Address of Designated Agent: info@interconnection.org

Designating Service Provider: _____
Date: 5/28/2014

Typed or Printed Name and Title: Charles Brennick, Director

**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**



Scanned
JUN 23 2014

Received
JUN 12 2014

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