

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

Full Legal Name of Service Provider: iShine Ministries, LLC

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

Address of Service Provider: 530 Cinrose Lane, Sherman, TX 75092

Name of Agent Designated to Receive Notification of Claimed Infringement: TOM L. JOHNSON

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):

530 Cinrose Lane Sherman, TX 75092

Telephone Number of Designated Agent: 903-893-8500

Facsimile Number of Designated Agent: 903-893-8580

Email Address of Designated Agent: tomjohnson@cableone.net



Signature of the Designating Service Provider: _____

Date: 7-13-12

Title: Tom L. Johnson, Secretary

**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



Received

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Copyright Office