

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

Full Legal Name of Service Provider: Jibe, Inc.

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

Address of Service Provider: 96 Morton Street, 5th Floor, NY, NY 10014

Name of Agent Designated to Receive Notification of Claimed Infringement: Suzanne Flynn Speece

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):
96 Morton Street, 5th Floor, NY, NY 10014

Telephone Number of Designated Agent: 212-380-1771

Facsimile Number of Designated Agent: 646-219-3072

Email Address of Designated Agent: sfs@jibe.com



Name of the Designating Service Provider: _____
Date: 5/2/14

Name and Title: Suzanne Flynn Speece, SVP of Operations

**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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