Interim Designation of Agent to Receive Notification of Claimed Infringement

	nme(s) of Service Provider (including all names under which the ing business): SECVRE - RES
Address of Ser	vice Provider: 4237 Salisburg RL. N. Suite 205 Jacksoniiele, 76.
Name of Agen	t Designated to Receive Claimed Infringement: Joe Hywan
or similar designati	of Designated Agent to which Notification Should be Sent (a P.O. B ion is not acceptable except where it is the only address that can be used in the geograp of Sqlisbury Rd. N., Suife 205
J9	cksonville, 'FL 32216'
	mber of Designated Agent: 904-389-1130
Telephone Nu	N N N N N N N N N N N N N N N N N N N
Telephone Nu Facsimile Nun	mber of Designated Agent: 904-389-1130
Telephone Nu Facsimile Nun Email A <u>dd</u> ress	mber of Designated Agent: 904-389-1130 nber of Designated Agent: 904-899-5309

155943849