

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

**Full Legal Name of Service Provider:** Just For, LLC

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

**Address of Service Provider:** 501 SE 14<sup>th</sup> Avenue Portland OR  
97214

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jason Guppy

**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):  
501 SE 14<sup>th</sup> Avenue Portland OR 97214

**Telephone Number of Designated Agent:** 503-789-3246

**Facsimile Number of Designated Agent:** 503-228-8397 Attn: Box

**Email Address of Designated Agent:** support @ Just For. CO

 of the Designating Service Provider:  
Date: 10/7/15

**Typed or Printed Name and Title:** Jason Guppy, Co-Founder

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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