

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Konnects, Inc

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

Address of Service Provider:

1119 Pacific Ave
Tacoma, WA 98402

Name of Agent Designated to Receive
Notification of Claimed Infringement: Nick Huzar

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): 1119 Pacific Ave, Tacoma, WA 98402

Telephone Number of Designated Agent: 253-572-5800

Facsimile Number of Designated Agent: 253-572-5811

Email Address of Designated Agent: dmca@konnects.com

Signature of Officer, or Representative of the Designating Service Provider:

_____ Date: 7/24/08

Typed or Printed Name and Title: Nick Huzar, COO

SCANNED 08/29-2008

Note: This Interim Designation Must Be Accompanied by a \$80 Filing Fee Made
Payable to the Register of Copyrights.

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RECEIVED

JUL 31 2008 4/26/04

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