

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

**Full Legal Name of Service Provider:** Michael John Roby

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Michael Roby; Michael Roby Associates;  
CxC Matrix Marketing; Selling Financial Products; michaelroby.com

**Address of Service Provider:** 8160 County Rd. 42; Suite 300; Savage, MN, 55378 USA

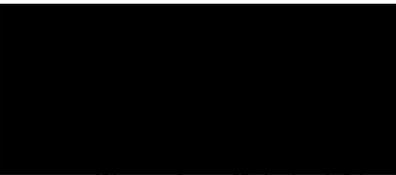
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Michael Roby

**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):  
8904 Preserve Trail; Savage, MN, 55378 USA

**Telephone Number of Designated Agent:** 612-309-8346

**Facsimile Number of Designated Agent:** 952-445-6423

**Email Address of Designated Agent:** mike@michaelroby.com



**Signature Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 8/30/11

**Typed or Printed Name and Title:** Michael Roby - Owner

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
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P.O. Box 71537  
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