

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

Full Legal Name of Service Provider: The Noun Project, Inc.

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

Address of Service Provider: P.O. Box 480677, Los Angeles, CA 90048

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Sofya Polyakov

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):
1821 West Hubbard St., Unit 202, Chicago, IL 60622

Telephone Number of Designated Agent: (323) 456-3797

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@thenounproject.com

Signature of Officer or Representative of the Designating Service Provider:

Date: August 10, 2012

Typed or Printed Name and Title: Sofya Polyakov, Chief Executive Officer

**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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AUG 24 2012



Received

AUG 20 2012

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