

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

Full Legal Name of Service Provider: Offspring LLC

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

Address of Service Provider: P.O. Box 695, 1050 SE Bluegrass Circle, Waukegan, IA 50263

Name of Agent Designated to Receive Notification of Claimed Infringement: Zachary Kreger

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):
P.O. Box 695, 1050 SE Bluegrass Circle, Waukegan, IA 50263

Telephone Number of Designated Agent: (847) 701-5437

Facsimile Number of Designated Agent: (801) 846-6766

Email Address of Designated Agent: Zach@offspringapp.com

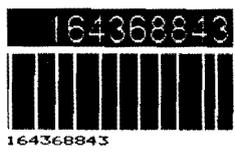
Name of the Designating Service Provider: _____
Date: 11/26/2013
Typed or Printed Name and Title: Zachary Kreger, Managing Partner

**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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JAN 03 2014

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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DEC 16 2013
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