

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

**Full Legal Name of Service Provider:** Omt + Nadis

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

**Address of Service Provider:** 34421 CAMINO EL MOLINO  
CAPISTRANO BEACH, CA 92624

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sue Jacobson

**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):

34421 CAMINO EL MOLINO  
CAPISTRANO BEACH, CA 92624

**Telephone Number of Designated Agent:** 949.633.0304

**Facsimile Number of Designated Agent:** 949.493.0304 / 510.451.1527

**Email Address of Designated Agent:** Sue.Demandnadis.com

\_\_\_\_\_  
Signature of the Designating Service Provider:

Date: 7-

**Typed or Printed Name and Title:** Sue Jacobson, Senior VP  
Operations, Community Relations & Foundation.

**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)**

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