

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

Full Legal Name of Service Provider: PediaForm L3C

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

Address of Service Provider: http://pedmed.brightidea.com/ideas

Name of Agent Designated to Receive Notification of Claimed Infringement: John Avi Roop

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): 734 Live Oak Avenue #6, Menlo Park, CA 94025

Telephone Number of Designated Agent: (650) 898 - 7349

Facsimile Number of Designated Agent: (650) 644 - 0123

Email Address of Designated Agent: john.avi.roop@gmail.com

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 24 FEB 2010

Typed or Printed Name and Title: JOHN AVI ROOP  
FOUNDING 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](http://www.copyright.gov/docs/fees.html)**

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