

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

**Full Legal Name of Service Provider:** Power Balance Technologies Inc.

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

**Address of Service Provider:** 20512 Crescent Bay Suite 108, Lake Forest, CA 92630

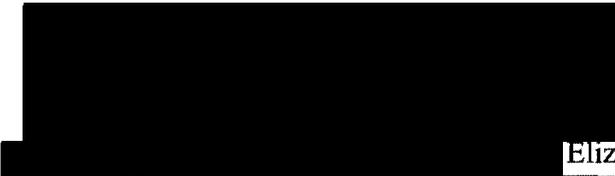
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tara Savage

**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):  
Power Balance Technologies Inc. 20512 Crescent Bay Suite 108 Lake Forest CA 92630

**Telephone Number of Designated Agent:** (949) 272-7300

**Facsimile Number of Designated Agent:** (949) 272-7301

**Email Address of Designated Agent:** Tara.Savage@powerbalance.com

 of the Designating Service Provider:  
Date: 9/5/12  
Elizabeth Berez, CFO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
Made Payable to the Register of Copyrights. \$105.00**

**\*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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