

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

**Full Legal Name of Service Provider:** QUIDD INC.

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

**Address of Service Provider:** 20 JAY STREET #908, BROOKLYN, NY 11201

**Name of Agent Designated to Receive Notification of Claimed Infringement:** MICHAEL BRAMLAGE

**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):  
20 JAY STREET #908, BROOKLYN, NY 11201

**Telephone Number of Designated Agent:** 718-801-8036

**Facsimile Number of Designated Agent:** NA

**Email Address of Designated Agent:** COPYRIGHT@MYQUIDD.COM

 Representative of the Designating Service Provider:  
Date: 04-19-16

**Typed or Printed Name and Title:** MICHAEL BRAMLAGE, CEO

**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)**

**SCANNED  
MAY 18 2016**

**Received  
APR 28 2016  
Copyright Office**

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