

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

Full Legal Name of Service Provider: Sagas, Inc.

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

Address of Service Provider: 3004 Mission Street #230, Santa Cruz, CA 95060

Name of Agent Designated to Receive
Notification of Claimed Infringement: Andrew Mueller

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):
3004 Mission Street #230, Santa Cruz, CA 95060

Telephone Number of Designated Agent: (831) 216-1085

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: andrew@sagas.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 10, 2007

Typed or Printed Name and Title: Michael P. Mount, Esq.

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024



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