

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

Full Legal Name of Service Provider: Schwagon LLC

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

Address of Service Provider: P.O. Box 563 Belmont, MI 49306

Name of Agent Designated to Receive Notification of Claimed Infringement: Daniel Beckett Jr.

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):
Schwagon LLC 2101 Post Dr. Belmont, MI 49306

Telephone Number of Designated Agent: 616-366-6037

Facsimile Number of Designated Agent: 616-366-6037

Email Address of Designated Agent: copyright@schwagon.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 12/16/2008

Typed or Printed Name and Title: Daniel Beckett Jr. President

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

SEARCHED 01-9-2009



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