

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

Full Legal Name of Service Provider: SeeqPod, Inc.

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

Address of Service Provider: 6475 Christie Ave, Suite 475

Name of Agent Designated to Receive Notification of Claimed Infringement: Kasian Franks

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):
DMCA Requests, c/oSeeqPod, Inc. 6475 Christie Ave, Suite 475, Emeryville, CA 94608

Telephone Number of Designated Agent: (510) 597-1234

Facsimile Number of Designated Agent: (510) 597-1920

Email Address of Designated Agent: copyright@seeqpod.com

Signature: _____ Representative of the Designating Service Provider:
Date: 12/18/07

Typed or Printed Name and Title: Kasian Franks, CEO & CVO

SCANNED 01-31-07

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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