

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

Full Legal Name of Service Provider: Share Some Style Inc

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

Address of Service Provider: 3954 17th St. Suite A San Francisco, CA 94114

Name of Agent Designated to Receive Notification of Claimed Infringement: Gilman Tolle

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 if the geographic location):
3954 17th St. Suite A San Francisco, CA 94114

Telephone Number of Designated Agent: 412-721-0334

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: gil@sharesomestyle.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: March 7th 2013

Typed or Printed Name and Title: Gilman Tolle, CTO and Co-Founder

**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**

Mail the form to:
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