

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

**Full Legal Name of Service Provider:** Skills.com, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** www.skills.com

**Address of Service Provider:** 222 Pitkin St. #117, East Hartford, CT 06108

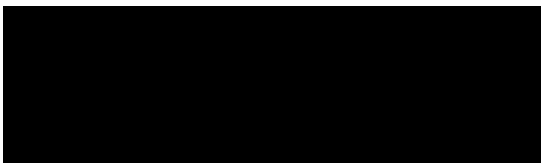
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tammy Johns

**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): 222 Pitkin St. #117, East Hartford, CT 06108

**Telephone Number of Designated Agent:** 302-327-4068

**Facsimile Number of Designated Agent:** 302-258-0841

**Email Address of Designated Agent:** legal@skills.com



**Signature of the Designating Service Provider:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Typed or Printed Name and Title:** Tammy Johns, President

**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)**

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