

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

Full Legal Name of Service Provider: SKILLSHARE, INC.

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

Address of Service Provider: 407 BROOME ST # 5A, NEW YORK, NY 10013

Name of Agent Designated to Receive Notification of Claimed Infringement: MICHAEL KARNJANAPRAKORN

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):

407 BROOME ST # 5A, NEW YORK, NY 10013

Telephone Number of Designated Agent: 757-903-7548

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: michael@skillshare.com



_____ of the Designating Service Provider:
Date: 1/2/2012

Typed or Printed Name and Title: MICHAEL KARNJANAPRAKORN, Co-Founder / CEO

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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