Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Servi	ice Provider: Social Lab	s, LLC.
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):		
Address of Service Provide	er: 15801 NE 24 th Stre	et, Bellevue, WA 9800
Name of Agent Designate Notification of Claimed In	d to Receive ofringement: <u>Copyright</u> ,	Agent
location):	d Agent to which Notification table except where it is the only address	that can be used in the geographic
15901 NE 24th S	street, Bellevue, WA	98008
Email Address of Designar Identify the Interim Designar Date, so that it may be Reac	ted Agent: 425-974- ted Agent: copyright add ation to be Amended, by Service dily Located in the Directory M 5 , LLC Sanua	ce Provider Name and Filing
	resentative of the Designating S	6)
Typed or Printed Name and Senior Vice Preside	Tille: Matthew Poleset	A Di
SCANNED 12-10	/ 2 0 0 7 im Designation Must be Accor	npanied by a \$80 Filing Fee
fail the form to:		RECEIVED.
Copyright GC/I&R C.O. Box 70400	163608544	COPYRIGHT OFFICE

Washington, DC 20024