

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

**Full Legal Name of Service Provider:** Somatic Labs Inc.

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

**Address of Service Provider:** 500 Westover Dr. #5295 Sanford, NC 27330

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jason Toy

**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): 500 Westover Dr. #5295 Sanford, NC 27330

**Telephone Number of Designated Agent:** 6174190572

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** dmca@somatic.io

**Signature of Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 11/21/16

**Typed or Printed Name and Title:** Jason Toy, 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](http://www.copyright.gov/docs/fees.html)**

SCANNED

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