

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

Full Legal Name of Service Provider: Spokin, Inc

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

Address of Service Provider: P.O. Box 220116 Chicago, IL 60622

Name of Agent Designated to Receive Notification of Claimed Infringement: Susan Hultquist

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):

Telephone Number of Designated Agent: 224-254-0384

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: legal@spokin.com

Signature of the Designating Service Provider: _____
Date: 4.28.16

Typed or Printed Name and Title: SUSIE HULTQUIST, 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**

SCANNED
JUN 04 2016

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MAY 12 2016
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