

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

Full Legal Name of Service Provider: TEXTMARKS INC.

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

Address of Service Provider: 2235 OCTAVIA, SAN FRANCISCO CA 94109

Name of Agent Designated to Receive Notification of Claimed Infringement: ARIEL POLER

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): 2235 OCTAVIA, SAN FRANCISCO CA 94109

Telephone Number of Designated Agent: 415. 205. 1100

Facsimile Number of Designated Agent: 415. 921. 5554

Email Address of Designated Agent: ARIEL@TEXTMARKS.COM

 Representative of the Designating Service Provider: _____
Date: 7/17/12

Typed or Printed Name and Title: ARIEL POLER, 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**

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Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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