

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

Full Legal Name of Service Provider: Touch Base LLC

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

Address of Service Provider: 200 Michigan St, STE 401, Hancock, MI 49930

Name of Agent Designated to Receive Notification of Claimed Infringement: Eric Ollis

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):
200 Michigan St, STE 401, Hancock, MI 49930

Telephone Number of Designated Agent: (906) 523-2784

Facsimile Number of Designated Agent: (906) 483-2644

Email Address of Designated Agent: support@touchbasetools.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** 04/28/2016

Typed or Printed Name and Title: Eric Ollis | Chief Operating Officer

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**SCANNED
JUN 2 1 2016**

**Received
MAY 26 2016
Copyright Office**

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