

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

Full Legal Name of Service Provider: Utrip, LLC

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

Address of Service Provider: 530 4th Ave West, Unit 301, Seattle, WA 98119

Name of Agent Designated to Receive Notification of Claimed Infringement: Edan Shahar

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): 530 4th Ave West unit 301, Seattle, WA 98119

Telephone Number of Designated Agent: 425-239-1677

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: edan@utrip.com

Signature of Representative of the Designating Service Provider: _____

Date: 6/13/12

Typed or Printed Name and Title: Edan Shahar COO

Notice: This Designation Must be Accompanied by a Filing Fee*
*The Copyright Office's fee schedule is available on the Copyright website at www.copyright.com/fees.html

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