

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

Full Legal Name of Service Provider: ViroXOty Studios, Inc.

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

Address of Service Provider: 850 powell Street, #904, San Francisco, CA 94108

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Joel Goodrich

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):
850 Powell Street, #904
San Francisco, CA 94108

Telephone Number of Designated Agent: 4153088184

Facsimile Number of Designated Agent: 4153916938

Email Address of Designated Agent: jgoodr@aol.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 10/8/10

JOEL GOODRICH
Typed or Printed Name and Title: President

**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:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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