

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

Full Legal Name of Service Provider: Whodini Inc

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

Address of Service Provider: 335 Main Street, Suite B, Los Altos, CA 94022

Name of Agent Designated to Receive Notification of Claimed Infringement: Jim Chappell

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):
335 Main Street, Suite B, Los Altos, CA 94022

Telephone Number of Designated Agent: 650-618-5677

Facsimile Number of Designated Agent: 650-749-0363

Email Address of Designated Agent: jim@whodini.com



Representative of the Designating Service Provider: _____
Date: 1/31/14

Title: James P Chappell
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**

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



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