

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

**Full Legal Name of Service Provider:** Wolfie's Way

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

**Address of Service Provider:** 300 4th Street SE #1, Charlottesville, VA 22902

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Catherine Tarasoff

**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):  
300 4th Street SE #1, Charlottesville, VA 22902

**Telephone Number of Designated Agent:** (434) 270-2726

**Facsimile Number of Designated Agent:** \_\_\_\_\_

**Email Address of Designated Agent:** catherine.tarasoff@wolfiesway.com

**Signature of Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 6/12/13

**Typed or Printed Name and Title:** Catherine Tarasoff, Founder & CEO

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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