

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

Full Legal Name of Service Provider: Axsen LLC

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

Address of Service Provider: 5472 Black Ave., Pleasanton, CA 94566-5920

Name of Agent Designated to Receive  
Notification of Claimed Infringement: Michael S Vincent - Director

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):  
(same) \_\_\_\_\_

Telephone Number of Designated Agent: 925-246-5334

Facsimile Number of Designated Agent: 925-846-8602

Email Address of Designated Agent: support@axsen.com

Signature of ~~Officer~~ or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 22/AUG/2006

Typed or Printed Name and Title: Michael S Vincent, Director of Operations

**SCANNED 09 15 - 2006**

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.



**RECEIVED**  
AUG 25 2006  
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