

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

Full Legal Name of Service Provider: Basil Box GmbH

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

Address of Service Provider: Lessingstrasse 19/9, 8010 Graz, AUSTRIA

Name of Agent Designated to Receive Notification of Claimed Infringement: Philipp Howard Budiman

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):
Lessingstrasse 19/9, 8010 Graz, AUSTRIA

Telephone Number of Designated Agent: +43-650-4416696

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: office@basilbox.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 10th February 2010

Typed or Printed Name and Title: Philipp Howard Budiman

SCANNED

2 26-2010

**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:

162869371

RECEIVED

FEB 22 2010