

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

Full Legal Name of Service Provider: POSTEROUS INC

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

Address of Service Provider: 206 E. 6th St. #2

Name of Agent Designated to Receive Notification of Claimed Infringement: SACHIN AGARWAL

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):

206 E. 6th St #2
NY NY 10003

Telephone Number of Designated Agent: 310 279 3579

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: sachin@posterous.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6-30-08

Typed or Printed Name and Title: SACHIN AGARWAL
CO-FOUNDER

SCANNED 08/14-2008

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

RECEIVED
JUL 10 2008
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