

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

Full Legal Name of Service Provider: RepairClinic.com, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): a/k/a RepairClinic, Inc.
www.repairclinic.com
www.media.repairclinic.com

Address of Service Provider: 48600 Michigan Avenue, Ste. 100, Canton, Michigan 48188

Name of Agent Designated to Receive Notification of Claimed Infringement: Chris Hall

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):
48600 Michigan Avenue, Ste. 100, Canton, Michigan 48188

Telephone Number of Designated Agent: (800) 269-2609

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: chall@RepairClinic.com

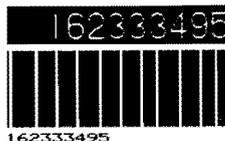
Signature _____ **Representative of the Designating Service Provider:**
Date: 10/16/12

Title: Angela Alvarez Sujek, Attorney

**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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