

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

**Full Legal Name of Service Provider:** SIPX, Inc.

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

**Address of Service Provider:** 3150 Porter Ave., Palo Alto, California 94304

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Bob Weinschenk

**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):  
3150 Porter Ave., Palo Alto, California 94304 (info@sipx.com)

**Telephone Number of Designated Agent:** (512) 636-5200

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

**Email Address of Designated Agent:** info@sipx.com

**Signature** \_\_\_\_\_  
Date: September 13, 2012

**Typed or Printed Name and Title:** Franny Lee  
VP, University Relations and Product Development

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