

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

Full Legal Name of Service Provider: Smart Projex, Inc.

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

Address of Service Provider: 6134 St. Andrews Lane, Richmond, VA 23226

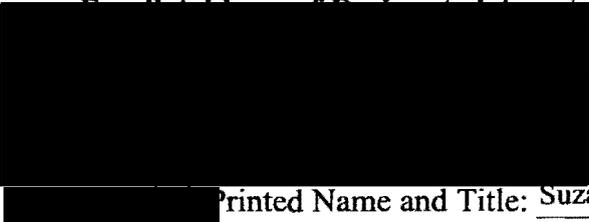
Name of Agent Designated to Receive Notification of Claimed Infringement: Suzanne S. Davenport

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):
6134 St. Andrews Lane, Richmond, VA 23226

Telephone Number of Designated Agent: (804) 690-3135

Facsimile Number of Designated Agent: (866) 266-0170

Electronic Mail Address of Designated Agent: suzanne@smartprojex.com



Signature of the Designating Service Provider: _____
Date: 5/10/12

Printed Name and Title: Suzanne S. Davenport, Owner

**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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