

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

Full Legal Name of Service Provider: Summersault LLC

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

Address of Service Provider: 710 E Main Street, Suite 200, Richmond, IN 47374

Name of Agent Designated to Receive Notification of Claimed Infringement: James C. Hardie

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):
710 E Main Street, Suite 200
Richmond, IN 47374

Telephone Number of Designated Agent: 765-939-9301

Facsimile Number of Designated Agent: 765-935-6798

Email Address of Designated Agent: abuse@summersault.com

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] **Date:** June 22, 2011

Typed or Printed Name and Title: James C. Hardie, Principal

**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/Reco
P.O. Box 71537
Washington, DC 200



Received

JUN 27 2011

Copyright Office

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