

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

Full Legal Name of Service Provider: Telesaur, LLC

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

Address of Service Provider: 4176 Walnut Ridge Drive, Columbus, OH, 43224

Name of Agent Designated to Receive Notification of Claimed Infringement: Chip Kohrman

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):
4176 Walnut Ridge Drive, Columbus, OH, 43224

Telephone Number of Designated Agent: 614-428-4261

Facsimile Number of Designated Agent: n/a

Email Address of Designated Agent: ckohrman@telesaur.com

Signature of the Designating Service Provider: _____
Date: 1/17/11

Typed or Printed Name and Title: Chip Kohrman, 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**

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Mail the form to:
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P.O. Box 71537
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