

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

**Full Legal Name of Service Provider:** Wistia, Inc

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

**Address of Service Provider:** 50 Grove St, Somerville MA 02144

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Ben Ruedlinger

**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):  
50 Grove St, Somerville MA 02144

**Telephone Number of Designated Agent:** 888-494-7842

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

**Email Address of Designated Agent:** ben@wistia.com

**Signature of Officer or Representative of the Designating Service Provider:**  
see below **Date:** 01/24/12

**Typed or Printed Name and Title:** Ben Ruedlinger, VP of Engineering

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