

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

Full Legal Name of Service Provider: Attunity Inc.

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

Address of Service Provider: 70 Blanchard Road, Burlington, MA 01803


**Name of Agent Designated to Receive
Notification of Claimed Infringement:** AnnBeth Spinosa

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):
Attunity Inc., 70 Blanchard Road, Burlington, MA 01803

Telephone Number of Designated Agent: 781-730-4070

Facsimile Number of Designated Agent: 877-896-2760

Email Address of Designated Agent: ab@attunity.com

Signature of Officer or Representative of the Designating Service Provider:
 _____ **Date:** August 27, 2013

Typed or Printed Name and Title: Dror Harel-Elkayam
Vice President Finance

**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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