

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

Full Legal Name of Service Provider: Austlen Baby Co.

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

Address of Service Provider: 305 N. Heatherwilde Blvd., Suite 110 Austin, TX 78660

Name of Agent Designated to Receive Notification of Claimed Infringement: Copyright Agent

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):
305 N. Heatherwilde Blvd, Suite 110 Austin, TX 78660

Telephone Number of Designated Agent: 844-AUSTLEN

Facsimile Number of Designated Agent: 844-272-6902

Email Address of Designated Agent: copyright@austlen.com

Signature of Representative of the Designating Service Provider: _____
Date: 9/1/16

Typed or Printed Name and Title: Leslie Stiba, CEO

**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**

**SCANNED
NOV 03 2016**

Mail the form to:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

**Received
Copyright Office**

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