

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

Full Legal Name of Service Provider: Broadstripes LLC

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

Address of Service Provider: 760 Chapel St, New Haven, CT 06510

Name of Agent Designated to Receive Notification of Claimed Infringement: Tim Holahan

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):
Broadstripes LLC, 760 Chapel St, New Haven, CT 06510

Telephone Number of Designated Agent: (203) 350-9824

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: tim.holahan@broadstripes.com

 Representative of the Designating Service Provider: _____
Date: 12/8/2014

Typed or Printed Name and Title: Tim Holahan, Product Manager

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

Scanned
DEC 18 2014

Received
DEC 15 2014

Copyright Office