

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

Full Legal Name of Service Provider: Coworker.org, Inc.

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

Address of Service Provider: 1133 19th St NW, Suite 850 Washington, DC 20036

Name of Agent Designated to Receive Notification of Claimed Infringement: Michelle Miller

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):
1133 19th St NW, Suite 850 Washington, DC 20036

Telephone Number of Designated Agent: (202) 656-8479

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: michelle@coworker.org

_____ Representative of the Designating Service Provider:
_____ Date: 12/15/12

Typed or Printed Name and Title: Michelle Miller, Co-Founder Coworker.org

**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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