

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

**Full Legal Name of Service Provider:** Coliloquy, LLC

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

**Address of Service Provider:** 645 Harrison Street, Suite 200, San Francisco, CA 94107

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Lisa Rutherford

**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):  
645 Harrison Street, Suite 200, San Francisco, CA 94107

**Telephone Number of Designated Agent:** (650) 380-2812

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

**Email Address of Designated Agent:** lisa@coliloquy.com

\_\_\_\_\_ of the Designating Service Provider:  
Date: December 10, 2012

**Typed or Printed Name and Title:** Lisa Rutherford, Manager

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