

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

Full Legal Name of Service Provider: Collaaj, Inc.

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

Address of Service Provider: 2295 Bray Avenue, Santa Clara, California, 95050

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kiran Kamity

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):
2295 Bray Avenue, Santa Clara, California, 95050

Telephone Number of Designated Agent: 650-814-9129

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: kiran@collaaj.com

_____ Representative of the Designating Service Provider:
_____ Date: 9/26/12

Typed or Printed Name and Title: Kiran Kamity, President and Chief Executive Officer

**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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