

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

**Full Legal Name of Service Provider:** Connect the Dots Collective

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

**Address of Service Provider:** 695 Minna Street, San Francisco, CA, 94103

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Amanda Rose

**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): 695 Minna Street, San Francisco, CA, 94103

**Telephone Number of Designated Agent:** 1-415-287-4008

**Facsimile Number of Designated Agent:** 1-415-477-2055

**Email Address of Designated Agent:** amanda@twestival.com

**Signature of Officer or Representative of the Designating Service Provider:**

[Redacted Signature]

Date: 2 April 2013

**Typed or Printed Name and Title:** Amanda Rose, Founder and President

**Note:** This Interim Designation must be accompanied by a Filing Fee  
made payable to the Register of Copyrights.

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