

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

Full Legal Name of Service Provider: Cunnington Shift, LLC

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

Address of Service Provider: 4609 35th Ave. S., Minneapolis, MN 55406

Name of Agent Designated to Receive Notification of Claimed Infringement: Carrie Cunningham

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):
4609 35th Ave. S., Minneapolis, MN 55406

Telephone Number of Designated Agent: 612-360-3268

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: carrie@cunningtonshift.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 11/10/11

Typed or Printed Name and Title: Carrie Cunningham, ~~Manager~~ Founder

**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 RRP
P.O. Box 71537
Washington, DC 20024**



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