

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

Full Legal Name of Service Provider: David West

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Alpha Coders, Alpha Coders, Wallpaper Abyss

Address of Service Provider: 1105 Olive Ave #2 Redding, CA 96001

Name of Agent Designated to Receive Notification of Claimed Infringement: David West

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):
1105 Olive Ave #2 Redding, CA 96001

Telephone Number of Designated Agent: 530-209-8653

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: admin@alphacoders.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 1/16/13

Typed or Printed Name and Title: David West, Owner

**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**

Scanned
JAN 30 2013

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JAN 24 2013

Copyright Office

