

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

Full Legal Name of Service Provider: DocEx, Inc.

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

Address of Service Provider: PO Box 390748, Minneapolis, MN 55439-0748

Name of Agent Designated to Receive Notification of Claimed Infringement: Anwar Parvez

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):
500 East Grant Street #710, Minneapolis, MN 55404

Telephone Number of Designated Agent: (781) 856-0157

Facsimile Number of Designated Agent: (651) 846-5018

Email Address of Designated Agent: anwarp@docex.com

Signature of the Designating Service Provider: _____
Date: 11-24-2015

Typed or Printed Name and Title: Anwar Parvez, principal

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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Copyright Office