

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

Full Legal Name of Service Provider: ELOQUII DESIGN, Inc

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

4449 Easton Way, Suite 2004 Columbus, OH 43219

Name of Agent Designated to Receive Notification of Claimed Infringement: Mariah S Chase

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):
4449 Easton Way, Suite 2004 Columbus, OH 43219

Telephone Number of Designated Agent: 6467058085

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: mchase@eloquii.com

Name of Designating Service Provider: _____
Date: 1/28/14
Title: Steve Zawada / COO

**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
FEB 21 2014

Received
FEB 06 2014
Copyright Office