

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

Full Legal Name of Service Provider: Expertise LLC _____

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

Address of Service Provider: 1525 4th Avenue Suite 700 | Seattle, WA 98101

Name of Agent Designated to Receive

Notification of Claimed Infringement: David Graham Shorr _____

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): _____ 1525 4th Avenue Suite 700 | Seattle, WA 98101 _____

Telephone Number of Designated Agent: (917) 843-1755 _____

Facsimile Number of Designated Agent: (419) 791-6795 _____

Email Address of Designated Agent: legal@expertise.com _____

Signature of Representative of the Designating Service Provider:



_____ Date: June 17, 2015

Typed or Printed Name and Title: David Graham Shorr

**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**

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JUL 08 2015

Received

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