

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

Full Legal Name of Service Provider: FAVECAST, INC.

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

Address of Service Provider: 12 ARROW ST, SUITE 210, CAMBRIDGE, MA 02138

Name of Agent Designated to Receive Notification of Claimed Infringement: JON STAFF

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):

12 ARROW ST, SUITE 210  
CAMBRIDGE, MA 02138

Telephone Number of Designated Agent: 218-760-0938

Facsimile Number of Designated Agent: NONE

Email Address of Designated Agent: js@favecast.com

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 4/8/2013

Typed or Printed Name and Title: JON STAFF, FOUNDING TEAM MEMBER

**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](http://www.copyright.gov/docs/fees.html)**

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