

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

**Full Legal Name of Service Provider:** formspring.me, Inc.

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

**Address of Service Provider:** 140 2nd Street, FL 5, San Francisco, CA 94105

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Michelle Cardinal

**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):  
182 Howard Street, #531, San Francisco, CA 94105-1611

**Telephone Number of Designated Agent:** (415) 817-9966

**Facsimile Number of Designated Agent:** (888) 688-5964

**Email Address of Designated Agent:** legal@formspring.me

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] **Date:** 07/12/2010

**Typed or Printed Name and Title:** Miranda Hassell, Office Manager

**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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Mail the form to:  
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