

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

Full Legal Name of Service Provider: Frienedy, LLC

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

Address of Service Provider: 479 Parkgate Dr. Lake St. Louis MO 63367

Name of Agent Designated to Receive Notification of Claimed Infringement: Janel Maitland

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):
479 Parkgate Dr. Lake St. Louis MO 63367

Telephone Number of Designated Agent: 636-542-0540

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: janel@frienedy.com

Signature of SOFF Representative of the Designating Service Provider: _____
Date: 10-13-13

Typed or Printed Name and Title: Janel Maitland
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**

U.S. Copyright Office
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