

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

Full Legal Name of Service Provider: GODIGEX, Inc.

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

Address of Service Provider: 43 Temple Avenue, Newnan, GA 30263

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jordan Scott

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):
43 Temple Avenue, Newnan, GA 30263

Telephone Number of Designated Agent: 404-537-2049

Facsimile Number of Designated Agent: 707-742-2761

Email Address of Designated Agent: copyright@godigex.com

Name of Designating Service Provider: _____
Date: 15 August 2012

Typed or Printed Name and Title: Jordan Scott, Chief Executive Officer

**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**



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