

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

**Full Legal Name of Service Provider:** GrabCAD Inc.

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

**Address of Service Provider:** 38 Cameron Avenue, Suite 250, Cambridge, MA 02140

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Ben Ewing

**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): 90 Lowell Street, Somerville, MA, 02143

**Telephone Number of Designated Agent:** 617-945-0532

**Facsimile Number of Designated Agent:** N/A

ben@grabcad.com

\_\_\_\_\_  
of the Designating Service Provider:

Date: March 3 2015

Armen M. Zildjian  
VP SALES GrabCAD

**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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