

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

Full Legal Name of Service Provider: Guidefitter, Inc.

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

Address of Service Provider: 4200 N. Lamar Blvd, Suite 200, Austin, TX 78756

Name of Agent Designated to Receive Notification of Claimed Infringement: Bryan Koontz

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): 4200 N. Lamar Blvd, Suite 200, Austin, TX 78756

Telephone Number of Designated Agent: +1.717.830.2767

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: bryan.koontz@guidefitter.com

 **representative of the Designating Service Provider:** _____
Date: 11/19/2014

Typed or Printed Name and Title: Bryan Koontz, CEO

**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**

**Scanned
DEC 15 2014**

**Received
DEC 04 2014
Copyright Office**