

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

Full Legal Name of Service Provider: indieBRAG, LLC

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

Address of Service Provider: W4678 County Road J, Plymouth, WI 53073

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert A.R. Clouston

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):
W4678 County Road J, Plymouth, WI 53073

Telephone Number of Designated Agent: (920) 892-7025

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: contact@bragmedallion.com

Designating Service Provider: _____
Date: 1/23/2014

Typed or Printed Name and Title: Robert A.R. Clouston
Vice President Marketing and Secretary

**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**

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MAR 14 2014

Mail the form to:
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Washington, DC 20024



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