

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

Full Legal Name of Service Provider: INDIE MADE LLC

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

Address of Service Provider: 1555 SHERMAN AVE, #334, EVANSTON IL 60201

Name of Agent Designated to Receive Notification of Claimed Infringement: JENNIFER PETERSON

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):
1555 SHERMAN AVE, #334, EVANSTON IL 60201

Telephone Number of Designated Agent: 312-375-6896

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: JRAPP@INDIEMADE.COM

Signating Service Provider:
Date: 9/8/11

Typed or Printed Name and Title: JENNIFER PETERSON
FOUNDER

**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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