

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

Full Legal Name of Service Provider: InkaBinka, Inc.

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

Address of Service Provider: 460 Houck Street, Camarillo, CA 93010

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin McGushion

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):
Kevin McGushion, C/O InkaBinka, 460 Houck Street, Camarillo, CA 93010

Telephone Number of Designated Agent: Office (805) 482-7711

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: kevin@inkabinka.com

Signature of the Designating Service Provider: _____
Date: November 19, 2013

Typed or Printed Name and Title: Kevin McGushion, CEO InkaBinka, Inc.

**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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