

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

Full Legal Name of Service Provider: Manager Tools, LLC

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

Address of Service Provider: 110 N. Milam St., Ste. 171, Fredericksburg, TX 78624-3823

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Auzenne

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):
Manager Tools LLC, Attn: DMCA
5765-F Burke Centre Parkway, #152, Burke, VA 22015

Telephone Number of Designated Agent: 571-336-6211

Facsimile Number of Designated Agent: 703-995-4713

Email Address of Designated Agent: customerservice@manager-tools.com

Representative of the Designating Service Provider: _____
Date: July 2, 2015

Typed or Printed Name and Title: Michael Auzenne, Member Manager Tools, LLC

**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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