

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

Full Legal Name of Service Provider: Get Non Profit Status

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

Address of Service Provider: P.O. Box 1112 Livingston, MT 59047

Name of Agent Designated to Receive Notification of Claimed Infringement: Christian Lefer

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): 69 Lake Drive Livingston, MT 59047

Telephone Number of Designated Agent: 406 624-9871

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: christian@getnonprofitstatus.com

_____ of the Designating Service Provider:
Date: 10/24/12

Typed or Printed Name and Title: Christian Lefer, 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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