

Interim Designation of Agent to Receive Notification
of Claimed Infringement



Full Legal Name of Service Provider: Nube Green LLC

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

Address of Service Provider:
921 E Pine St Seattle WA 98112

Name of Agent Designated to Receive Notification of Claimed Infringement: RUTH TRUE

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): _____

Telephone Number of Designated Agent: 206-402-4515

Facsimile Number of Designated Agent: "

Email Address of Designated Agent: Ruth@Nubegreen.com

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] Date: 3/28/10

Typed or Printed Name and Title: RUTH TRUE OWNER

Note: This Interim Designation Must Be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

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4/26/04

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