

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

Full Legal Name of Service Provider: OfficeHours, Inc.

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

Address of Service Provider: 817 W. Peachtree Street, NW, Suite 1105, Atlanta, GA 30308

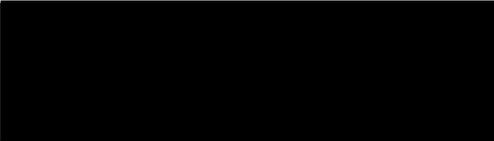
Name of Agent Designated to Receive Notification of Claimed Infringement: Jeffrey C. Levy

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): 817 W. Peachtree Street, NW, Suite 1105, Atlanta, GA 30308

Telephone Number of Designated Agent: 404-961-7001

Facsimile Number of Designated Agent: 678-392-3282

Email Address of Designated Agent: jeff@o10s.com



Representative of the Designating Service Provider: _____
Date: January 8, 2014

Typed or Printed Name and Title: Jeffrey C. Levy, CEO

**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**

**Scanned
FEB 21 2014**

Mail the form to:
Copyright RRP
P.O. Box 71537
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FEB 06 2014
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