

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

Full Legal Name of Service Provider: Orfour LLC

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

Address of Service Provider: 1232 University City Blvd. Apt #126 Blacksburg, VA 24060

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Pooya Jamshidimehr

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):
1232 University City Blvd. Apt #126 Blacksburg, VA 24060

Telephone Number of Designated Agent: (540) 553-1542

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Pooya.jm@gmail.com

Representative of the Designating Service Provider: _____
Date: 05/29/2015

Typed or Printed Name and Title: Pooya Jamshidimehr, President

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

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**Received
JUN 03 2015**

Copyright Office