

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

**Full Legal Name of Service Provider:** PEAK IMAGINATIONS, INC.

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

**Address of Service Provider:** 6553 DEE HWY, MOUNT HOOD PARKDALE, OR 97041

**Name of Agent Designated to Receive Notification of Claimed Infringement:** JEFFERY R. LAWRENCE

**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):  
6553 DEE HWY, MOUNT HOOD PARKDALE, OR, 97041

**Telephone Number of Designated Agent:** 541-399-7366

**Facsimile Number of Designated Agent:** none

**Email Address of Designated Agent:** registered.agent@peakimagnations.com

 of the Designating Service Provider:  
Date: Sept 24, 2014

**Typed or Printed Name and Title:** Jeffery R. Lawrence (Director)

**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](http://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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