

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

Full Legal Name of Service Provider: Red Circle Foundation

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

Address of Service Provider: 600 Pennsylvania Ave Se #15415 Washington, DC 20003

Name of Agent Designated to Receive Notification of Claimed Infringement: Maryke Webb

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):
4041 N. Mozart St. #2 Chicago, IL 60618

Telephone Number of Designated Agent: 202-800-8185

Facsimile Number of Designated Agent: n/a

Email Address of Designated Agent: marykewebb@redcirclefoundation.org

Signature of Representative of the Designating Service Provider: _____
Date: May 27, 2015

Typed or Printed Name and Title: Maryke Webb
Executive Director

Scanned
JUL 08 2015

**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**

Received
JUN 16 2015
Copyright Office