

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

Full Legal Name of Service Provider: Reflex Labs Inc

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

Address of Service Provider: c/o Corporation Service Company, 2711 Centerville Road
Suite 400, Wilmington, DE 19808

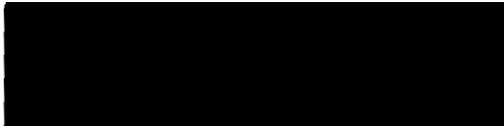
Name of Agent Designated to Receive Notification of Claimed Infringement: Copyright agent

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):
c/o Corporation Service Company, 2711 Centerville Road,
Suite 400, Wilmington, DE 19808

Telephone Number of Designated Agent: 715 670 9589

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: legal@reflexapp.co

 of the Designating Service Provider:
Date: 29/8/2015

Typed or Printed Name and Title: Dean Mintz

**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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SEP 02 2015
Copyright Office