

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

Full Legal Name of Service Provider: Rocksbox Inc.

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

Address of Service Provider: 360 Post Street, San Francisco, Ca 94108

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Escobar

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): 360 Post Street, 11th floor, San Francisco Ca, 94108

Telephone Number of Designated Agent: 877-478-0450

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: Robert@rocksbox.com

 of the Designating Service Provider:
Date: 5/16/2016

Typed or Printed Name and Title: Robert Escobar - ~~man~~
Senior Vice President of Operations

**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

SCANNED
JUN 16 2016

Received
MAY 28 2016
Copyright Office

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