

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

Full Legal Name of Service Provider: Rural Refined, LLC _____

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

Address of Service Provider: 3540 W. Sahara Avenue, Suite 790, Las Vegas, NV 89102-5816

Name of Agent Designated to Receive Notification of Claimed Infringement: _____ Camille Ann Cadman _____

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable where it is the only address that can be used in the geographic location):

_____ 2094 Maiden Lane, Wenatchee, WA 98801 _____

Telephone Number of Designated Agent: _____ 509-663-2162 _____

Facsimile Number of Designated Agent: _____ 509-667-8046 _____

Email Address of Designated Agent: _____ camille@ruralrefined.com _____

Signature of Officer or Representative of the Designating Service Provider:

[Redacted Signature]

Date: February 28, 2012 _____

Typed or Printed Name and Title: Camille Ann Cadman, Managing Member _____

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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