

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

**Full Legal Name of Service Provider:** STJ Endeavors, Inc.

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

**Address of Service Provider:** 120 N. Dixon Road, PMB 131, Kokomo, IN 46901

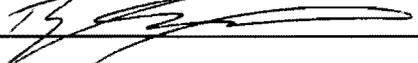
**Name of Agent Designated to Receive Notification of Claimed Infringement:** Tyler Simpson

**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):  
27 W Lake Drive, Kokomo, Indiana 47901

**Telephone Number of Designated Agent:** (765) 414-5430

**Facsimile Number of Designated Agent:** (765) 319-0539

**Email Address of Designated Agent:** dmca@tailsfirst.com

**Signature of Officer or Representative of the Designating Service Provider:**  
 **Date:** 1-1-14

**Typed or Printed Name and Title:** Tyler Simpson, President

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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