

Interim Designation of Agent to Receive Notification
of Claimed Infringement



Full Legal Name of Service Provider: VIBIO INC

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

Address of Service Provider: 969 G EDGEWATER BLVD #201 FOSTER CITY, CA 94404

Name of Agent Designated to Receive Notification of Claimed Infringement: VICTORIA LEE

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):

% DLA PIPER, 2000 UNIVERSITY AVE, PALO ALTO, CA 94303

Telephone Number of Designated Agent: 650 376 0008

Facsimile Number of Designated Agent: 650 376 0008

Email Address of Designated Agent: INFO @ VIBIO.COM

Signature of Officer or Representative of the Designating Service Provider: _____



Date: 01. DECEMBER. 2009

Typed or Printed Name and Title: SIMON MONTFORD (CEO)

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 2 24 - 2010

