

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

Full Legal Name of Service Provider: Workpile LLC

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

Address of Service Provider: 757 3rd Ave 17th Fl., NY NY 10017

Name of Agent Designated to Receive Notification of Claimed Infringement: Reade Seiff

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): 757 3rd Ave 17th Fl. New York, NY 10017

Telephone Number of Designated Agent: 310-728-4934

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: reada@workpile.com

 Representative of the Designating Service Provider:
Date: 9/29/15

Typed or Printed Name and Title: Reade Seiff, Founder and CEO

**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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DEC 14 2015
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