

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Ugobe, Inc.

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

Address of Service Provider: 5900 Hollis St Ste V

Name of Agent Designated to Receive Notification of Claimed Infringement: Kimarie Torre

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):

5900 Hollis St Ste V
Emeryville CA 94608

Telephone Number of Designated Agent: 510.655.0515 x.17

Facsimile Number of Designated Agent: 510.655.0519

Email Address of Designated Agent: info@ugobe.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/8/07

Typed or Printed Name and Title: Kimarie Torre
Office Manager

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



RECEIVED

MAY 15 2007
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SCANNED 05 25 - 2007