

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

Full Legal Name of Service Provider: CrossFit, Inc.

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

Address of Service Provider: 3195 Willow Creek Road A103 Box 295, Prescott, AZ 86301

Name of Agent Designated to Receive Notification of Claimed Infringement Lynne Pitts

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):
407 Athol Road, Richmond, NH 03470

Telephone Number of Designated Agent 831-212-4108

Facsimile Number of Designated Agent 866-583-1584

Email Address of Designated Agent lynne@crossfit.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/11/08

Typed or Printed Name and Title: Lavien Glassman
Secretary

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

SCANNED 08-04/2008



RECEIVED

JUN 16 2008

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