

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: The Biomimicry Institute

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Ask Nature / AskNature.org

Address of Service Provider: 257 W. Front Street, Suite B, Missoula,

Name of Agent Designated to Receive Notification of Claimed Infringement: Bryony Schwan, Executive Director ^{MT 59802}

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):

257 W. Front Street
Suite B
Missoula, MT 59802

Telephone Number of Designated Agent: 406/728-4134

Facsimile Number of Designated Agent: 406/721-1446

Email Address of Designated Agent: Bryony@BiomimicryInstitute.org

Signature of ~~Official~~ Representative of the Designating Service Provider: _____ Date: 11/13/08

Typed or Printed Name and Title: Christopher Allen, Project Manager

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



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SCANNED 11 28 2008