

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: My Safe Portal, LLC

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

Address of Service Provider: 3982 Powell Rd Suite 181 Powell, OH 43065

Name of Agent Designated to Receive
Notification of Claimed Infringement: Patrick Kara

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):
451 Engelwood CT, Powell, OH, 43065

Telephone Number of Designated Agent: 614-559-4567

Facsimile Number of Designated Agent: 614-559-4565

Email Address of Designated Agent: patrickkara@eba.net

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

Date: 6/1/08

Typed or Printed Name and Title: PATRICK KARA
MANAGING PARTNER

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

SCANNED 08-13/2008

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