

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

Full Legal Name of Service Provider: Tokoni, Inc.

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

Address of Service Provider: 12180 Kate Drive, Los Altos Hills, CA 94022

Name of Agent Designated to Receive Notification of Claimed Infringement: _____

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):
12180 Kate Drive, Los Altos Hills, CA 94022

Telephone Number of Designated Agent: 650-488-4963

Facsimile Number of Designated Agent: 650-559-5622

Email Address of Designated Agent: copyright@tokoni.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: November 14, 2007

Typed or Printed Name and Title: Marisa Brutoco, Attorney at Law

SCANNED 01-03/2008

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