

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Vendorcheckin LLC

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

Address of Service Provider: 4811 Oakton St., Skokie IL 60077

Name of Agent Designated to Receive Notification of Claimed Infringement: Talia mashiach

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):

4811 Oakton St. Suite 250
Skokie, IL 60077

Telephone Number of Designated Agent: 773-764-7000

Facsimile Number of Designated Agent: 847-982-9610

Email Address of Designated Agent: Talia@eved.com

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

Date: 6-26-08

Typed or Printed Name and Title: Talia mashiach - CEO

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

Mail the form to:

SCANNED 08-13/2008

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

RECEIVED

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