Interim Designation of Agent to Receive Notification of Claimed Infringement

| Address of Service Provider: 1297 Leaning Oak Dr Napa CA 94558 Name of Agent Designated to Receive Notification of Claimed Infringement: Artistworks, Inc. 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): 1297 Leaning Box Dryc Nopa, CA 94558 Felephone Number of Designated Agent: 707-225-7227 Facsimile Number of Designated Agent: 707-637-8255 Email Address of Designated Agent: Patricia@artistworks.com Inginature of Officer or Representative of the Designating Service Provider: Date: 3-35-09 Syped or Printed Name and Title: Patricia Butler CFO Ote: This Interim Designation Must be Accompanied by a \$80 Filling Fee ade Payable to the Register of Copyrights. Address of Service Provider: Date: 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | lternative Name(s) o rovider is doing busi | of Service Prov ness): www.arti | ider (including all nam stworks.com | es under which the service |
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| Email Address of Designated Agent: Patricia@artistworks.com ignature of Officer or Representative of the Designating Service Provider: Date: 325-09 yped or Printed Name and Title: Patricia Butler CFO ote: This Interim Designation Must be Accompanied by a \$80 Filling Fee ade Payable to the Register of Copyrights. ail the form to: SCHOOD 0 4 09 - 2009 pyright GC/I&R Date: 707-637-8255 | | | | |
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| pyped or Printed Name and Title: Patricia Butler CFO ote: This Interim Designation Must be Accompanied by a \$80 Filing Fee ade Payable to the Register of Copyrights. ail the form to: pyright GC/I&R O Box 70400 | ail Address of Desig | nated Agent:_P | atricia@artistworks.com | |
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