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

Altern	ative Name(s) of Service Provider (including all names under which the service
provid	er is doing business): Hitfix Hitfix.com
	Hitfix, Inc
Addres	s of Service Provider: 1414 Hopkins St. NW#4 Washington, DC
Name o Notifica	of Agent Designated to Receive ation of Claimed Infringement: Jennifer Wilhelmi Sargent
Full Ad or similar location):	dress of Designated Agent to which Notification Should be Sent (a P.O. Box designation is not acceptable except where it is the only address that can be used in the geographic
	1414 Hopkins St NW#4 Washington, DC 20036
Telepho	ne Number of Designated Agent: 617 519 1054
Facsimi	le Number of Designated Agent:
Email A	ddress of Designated Agent: jen Whitfix. com
Signatur 71	of Officer or Representative of the Designating Service Provider:  Date: 12/1/08
Typed or	Printed Name and Title: Jennifer Wilhelmi Sargent

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Mail the form to:

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