

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

Full Legal Name of Service Provider: LegacySharing, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: P.O. Box 45261, Omaha, NE 68145-0261

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gary L. Cochran

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):
15435 Karloff Circle, Omaha, NE 68138

Telephone Number of Designated Agent: (712) 310-3992

Facsimile Number of Designated Agent: None

Email Address of Designated Agent: copyright@legacyssharing.com

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** 1-21-08

Typed or Printed Name and Title: Gary L. Cochran, CEO

SCANNED 03-20/2008

**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**



RECEIVED

**JAN 24 2008
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